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FILED 2009 HAY 12 PH 3: 15 SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

BMAQ, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEORGE A. BAVELIS

Name of Person

BMAQ,LLC

Firm/Company

500 S OCEAN BLVD #1007 Address

BOCA RATON FL 33432 City/State and Zip Code

GBAVELIS@PELLACO.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George A. Bavelis

614)

at (

989-8222

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

÷	1. Name of the limited liability company:		BMAQ,LLC			<u> </u>
,	2. (a) Principal office address of limited liability compared	GEORGE A BAVELIS				
-1	(<u>Note: MUST BE STREET ADDRESS</u>)	500 S BOC/	OCEAN BLVD RATON FL 33	#1007 3432		
	(b) Mailing address of limited liability company:		GEORGE A B	AVELIS		
	<u> (Note: MAY BE POST OFFICE BOX</u>)		500 S OCEAN BLVD #1007 BOCA RATON FL 33432			
	7-20-05		L050000	711210	2009 MAY	
•	3. Date of filing/registration in Florida	4. Doci	ument number		AY	Π
	5. (a) Registered Agent and Registered Office shown or	1 the reco	rds of the Florida	i Depti of S	tate:	
	Registered Agent:		MARK, TRACY	.'' <u>Q</u>	РĦ	m E
	Registered Office Address:	<u>2650 \</u> FORT	VEST STATE F	ROAT 74	<u>ମ୍</u> ମ 1 01 C ୧୯୭୨	
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	GEORGE A BAVELIS				
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	500 S OCEAN BLVD #1007				
	Intest be reading in the error in the states of the states	BOCA	RATON	,FL <u>3</u>	3432	
Ź	If the limited liability company is not organized under the confirmed that after the change or changes are made, the l and the business office of the registered agent will be ider liability company. it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability compan Signature of a member authorized representative of a member	laws of t Florida sti ttical. Or. s) was/we erwise pro y.	he State of Floric reet address of th , in the case of a re authorized by wided in the artic	da, it is here le registerec Florida lim an affirmat cles of orga	eby d office ited ive vot nization	e 1
	GEORGE A BAVELIS Printed or typed name of signee					
1	I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prana I am familiar with and accept the obligations of my per chapter 608. F.S. Or, if this document is being filed to me address (I hereby confirm that the united liability compared	agree to c roper and osition as erely refle ty has bee	ict in this capaci complete perfor registered agen ict a change in th n notified in wri	ty. I furthe mance of m (as provide ne registere ting of this	r agree ly dutie. d for in d office change	10 \$, !
タ	Rumal M Manna					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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