L06000000955

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BYA (Name of I	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Name of Person) Ray II C	this matter to the following: SECRETARY OF STATE OF STAT
(Firm/Company)	Off 9
10028-BWMC	AB PD
City/State and Zip Code)	_33321
For further information concerning this matter	er, please call:
MARK MORGAM (Name of Person)	at 254 72 - 1500 (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 followin	ag amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2006

MARK MORGAN 10028-B W MCNAB RD TAMARAC, FL 33321

SUBJECT: B & A, LLC

Ref. Number: L06000000955

We have received your document for B & A, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 006A00058103



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. The name of the limited liability company is:
2. The mailing address of the limited liability company is: 10028-B WCO.
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Comparison Co
6. The name and address of the new registered agent and/or office: CO28-B Name MC S Florida street address (P.O. Box NOT acceptable) City, State and Zip City
If the limited liability company is not organized under the laws of the State of Florida, it is pereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized epresentative of a member)
DEMINIS MORGAN
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)

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