

L06000065238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

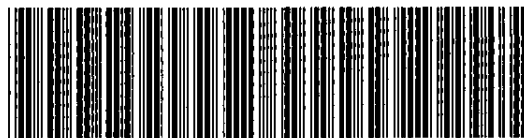
(Business Entity Name)

(Document Number)

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2010 NOV 23 PM 12:19
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

C. LEWIS
NOV 24 2010
EXAMINER

BAYSHORE | Law Group
400 N. Ashley Drive ♦ Suite 2010 ♦ Tampa Florida 33602
T 813.225.1100 ♦ F 813.225.1108

November 17, 2010

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

RE: Statement of Change of Registered Office or Registered Agent
BK Leeward, LLC

To Whom It May Concern:

Enclosed please find the Statement of Change form along with a check in the amount of \$25.00 for filing in reference to the above mentioned matter.

If you have any questions or concerns, do not hesitate to contact our office.

Sincerely,



Marisol Correa
Legal Assistant

Enclosures (as stated above)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BK LEEWARD 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 following¹

Harry Teichman, Esq.

Name of Person

Bayshore Law Group

Firm/Company

400 N Ashley Drive, Ste 2010

Address

Tampa, FL 33602

City/State and Zip Code

hteichman@bayshorelawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harry Teichman

Name of Person

at (813)

225-1100

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: BK Leeward, LLC

2. (a) Principal office address of limited liability company: _____



(Note: MUST BE STREET ADDRESS)

140 Island Way, Suite 271
Clearwater, FL 33767

(b) Mailing address of limited liability company: _____



(Note: MAY BE POST OFFICE BOX)

140 Island Way, Suite 271
Clearwater, FL 33767

6-27-2006
3. Date of filing/registration in Florida

L08000085238
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

RABON, BRUCE D

Registered Office Address:

935 MAIN ST C-2
SAFETY HARBOR FL 34695

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

RABON, BRUCE D

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

140 Island Way, Suite 271
Clearwater, FL 33767

,FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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.

Bruce D. Rabon
Signature of a member or authorized representative of a member

Bruce D. Rabon, MGRM

Printed or typed name of signer

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

FILED
2010 NOV 23 PM 12:19
TALLAHASSEE, FL 32314