## L06000120539

(Requestor's Name)				
(Ac	idress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	·	
SUBJECT: YANKEE BELLE, LLC (Name of Lim	ited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	•	
MELISSA MORRIS		
(Name of Person)		
YANKEE BELLE, LLC		
(Firm/Company)		
229 NW LAFAYETTE AVENUE	•	
(Address)	······	
MAYO, FLORIDA 32066		
(City/State and Zip Code)		
For further information concerning this matter, p	please call:	
MELISSA MORRIS at		
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	A MALIGIANIO UVO A AVEANIN UNIO A 1	
Enclosed is a check for the following a	mount:	
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

## 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. The name of the lin	nited liability company is:	YANKEE BELLE, LLC	<u> </u>
2. The mailing addres	s of the limited liability con	npany is : 229 NW LAFAYETT	TE ANVEUE, MAYO, FLORIDA 32066
DECEMBER 19, 2006		L06000120539	•
3. Date of filing/regist	ration in Florida	4. Document n	umber
5. The name of the reg Florida Department		ered office address as show	n on the records of the
•	MICHAEL H. HARRI	ELL	
	111 EAST HOWARD S		FII RETA LAHAS
Address		SER 3 FE	
•	LIVE OAK, FLORIDA 3	tate and Zip	
6. The name and addre	ss of the new registered age	•	23 AM IO: 50 23 AM IO: 50 I ARRY OF STATE ASSEE, FLORID
	MELISSA MORRIS		DE O
•		ame AVENUE	_
·	Florida street address (	P.O. Box NOT acceptable	)
	MAYO	FI. 32066	·
	City, Sta	te and Zip	
confirmed that after the and the business office liability company, it is of the members of the or the operating agreen	change or changes are made of the registered agent will hereby confirmed that the o		ss of the registered office se of a Florida limited zed by an affirmative vote
MELISSA MORRIS (Printed or typed name of sign	ee)		
		nt and agree to act in this of the proper and complete of my position as registered to merely reflect a chang company has been notified—	capacity. I further agree to performance of my duties, lagent as provided for in gent as provided for in gent as the registered office in writing of this change.

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