101000072318

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Orly Old to Ziph Horic #)	
PICK-UP WAIT N	IAIL
	<u> </u>
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

Office Use Only



000136643620

10/08/08--01013--020 **25.00

2000 OCT -6 AM II: Ub SECRETARY OF STATE TALL AHASSEE, FLORIDA

T. CLINE

OCT - 7 2008

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: B & L Office Liquidators, (Name o	LLC of Limited Liability Company)	I	3
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing	; <u>.</u>	
Please return all correspondence concerning	this matter to the following:		
Sean Lindahl (Name of Person)			
B & L Office Liquidators, LLC (Firm/Company)	<u> </u>	2008 OCT -6 SEGRETAR) TALL AHASS	CONTRACTOR OF THE PERSONS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSME
137 Concord Dr. Ste. 1121		CT-6 AL	
(Address)		E.F.	1 3
Casselberry FL 32707 (City/State and Zip Code)		AM II: 06 Y OF STATE EE. FLORIDA	****
For further information concerning this matter	er, please call:		
Sean Lindahl	at (407) 459-1750	 -	
(Name of Person)	(Area Code & Daytime Telephone Numb	oer)	
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	ng amount:		
	☐ \$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: <u>B & L Office</u>	Liquidators, L	LC		æ
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	7: 133 Concord Dr. Casselberry	Ste. 1017 FL	32707	E
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	133 Concord Dr. Casselberry	Ste. 1017 FL	32707	G
7/11/2007	L07000072318			
	4. Document num	ber		
5. (a) Registered Agent and Registered Office shown on	the records of the I	Florida Dept. o	f State:	
Registered Agent:	Sean Lindahl		FS 2	
Registered Office Address:	137 Concord Dr. Casselberry	Ste. 1121 FL	BOCT -	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Offi	ce address:	AM II: 06 Y OF STATE EE. FLORID	
<u> </u>	133 Concord Dr.	Ste. 1017	<u>Ş™ </u>	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Casselberry		L 32707	
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the reg ase of a Florida lin ov an affirmative ve	gistered office a nited liability co ote of the mem	and the busin ompany, it is bers of the lin	ess mited
Sean Lindahl (Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the provision am jamiliar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	gree to act in this oper and complete as registered agen change in the registm writing of this	capacity. I fur performance o it as provided t tered office ad change.	ther agree to f my duties, d or in Chapte dress, I herel	and I r 608, by
Division of Corporations, P.O. Box	6327, Tallahasse	e, FL 32314		

FILING FEE: \$25.00