

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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12 JAN24 PH W 56

B. BOSTICK

JAN 2 5 2012

EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|--|--|---|--|--------------------|--|---------------------------------------|
| SUBJ | JECT: | | T Utility L | | | _ |
| | Name of | Limite | Liability C | Company | | |
| Dear | Sir or Madam: | | | | | |
| The e | nclosed Registered Agent/Registered | Office (| Change and | fee(s) are subm | nitted for filing. | |
| Please | e return all correspondence concernin | g this m | atter to the | following: | | |
| | Todd Magnay | | | | | |
| | Todd Mooney Name of Person | | | | | |
| | TBBT Utility LLC | | | | | |
| | Firm/Company | | | | 12 TALI | |
| - · · · · · · · · · · · · · · · · · · · | 9414 Lorendale Circle | | | | JAN Z | ر شکار : : |
| | Address | | | | 12 JAN 24 PH 1:5 SEUNG AND OU SINT ALLAHASSEE, FLORI | e e e e e e e e e e e e e e e e e e e |
| | Spring Hill, FL 34608 | | | | | i, |
| | City/State and Zip Code | | ······································ | | ;: 56 NATE ORIDA | |
| | mooney1325@yahoo.com | m | | | | |
| E | -mail address: (to be used for future annual report | t notificati | on) | • | • | |
| For fu | urther information concerning this ma | tter, ple | ase call: | | | |
| | Todd Mooney | at (_ | 352_)_ | 683 | 3-4207 | _ |
| | Name of Person | | Area | Code & Daytime Tel | lephone 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 follow | ing amo | ount: | | | |
| | \$25 Filing Fee | • | \$55 Fi | ling Fee & Cert | tified Copy | |
| | | | | | | |

INHS18 (5/08)

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.

| Name of the limited liability company: | TBBT UTILITY LLC | | | | |
|--|--|--|--|--|--|
| 2. (a) Principal office address of limited liability company | 9414 Lorendale Circle | | | | |
| (Note: MUST BE STREET ADDRESS) | Spring Hill, FL 34608 | | | | |
| (b) Mailing address of limited liability company: | 9414 Lorendale Circle | | | | |
| (Note: MAY BE POST OFFICE BOX) | Spring Hill, FL 34608 | | | | |
| 12/18/07 | L07000125273 | | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | |
| Registered Agent: | errie Hall | | | | |
| Registered Office Address: | 1512 EL DORADO PARKWAY W CAPE CORAL FL 33914 US | | | | |
| NEW Registered Agent: | Todd Mooney 72 72 74 75 75 75 75 75 75 75 75 75 75 75 75 75 | | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : NEW Registered Agent: Todd Mooney | | | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | Spring Hill Spring Hill | | | | |
| If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company | orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote | | | | |
| Signature of a member or authorized representative of a member | - | | | | |
| Todd Mooney | | | | | |
| 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 proving and I am familiar with and accept the obligations of my postchapter 608, F.S. Or, if this document is being filed to men address I hereby confirm that the limited liability company | gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change. | | | | |

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