10800073819

(Requestor's Name)					
(Address)					
(Address)	<u> </u>				
(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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B FIGUEROA MAR 23 2018 SECRETARY OF STATE OIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2018

VIRGINIA OXENDINE PO BOX 1482 PALMETTO, FL 34220

SUBJECT: MANATEE B.P., LLC Ref. Number: L08000073819

We have received your document for MANATEE B.P., 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.

Please return the corrected original and one copy of 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) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 918A00002763

RECEIVED

18 HAR 23 PM 12: 22

EPARTMENT OF STATE

SION OF CORPORATION
ALLAHASSEF FLORE

COVER LETTER

TO: Registration Section Division of Corporations	i.					
SUBJECT: Manatee BP, LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	s matter to the following:					
Virginia Oxendine						
Name of Person						
Manatee BP LLC						
Firm/Company						
PO Box 1482						
Address	·					
Palmetto, FL 34220						
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·					
r.v.properties07@gmail.com						
E-mail address: (to be used for future annu	ual report notification)					
For further information concerning this matter,	please call:					
Virginia Oxendine	941 812-0740					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Tallahassee, Florida 32301	1 ananassee, 1 10110a 32314					
Enclosed is a check for the following amount:						
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: Manatee BP	LLC				
2. (a)	, , ,	(b)			
_, ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited (Note: MAY BE POST	•	
	4310 US 41 North		PO Box	· 	OTTICE	<u>BUA</u>)
						
	Palmetto, FL 34221		Paimetto	o, FL 34220		
	7/31/2008		L080000	73819		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
J. (u)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	:		ev v3 ge*
	James Knowles				6	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2		MAR	CRE
	4310 US 41 North		·····		23	OF C
	Palmetto , FI	34221			3	
	James Knowles				ي	STA
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office od	dress.			2 77
	Enter finance of the winderstated Agent and of the winderstates	o one no				
	James Knowles					
	NEW Registered Office Address:		•			
	2812 Manatee Ave W					
	Bradenton . FI	_34205				
the cha agent was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	nws of the of the region iability con of the limited l	stered office ompany, it is sited liability liability com	e and the business off s hereby confirmed the y company or as othe npany.	ice of the	e registered ange(s)
Sions	ature of a member or authorized representative of a member	VII	ginia Oxer	Printed or typed name of	f signee	
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change. James Wm.	e perform ed for in (hereby c	ance of my c Chapter 605 onfirm that	acity I further agree	to comp	ly with the and accept being filed has been

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

INHS18 (2/14)