# L09000060498

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T. HAMPTON JUN 1 4 2010 EXAMINER

#### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

#### SUBJECT: \_

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### **GRAND BABY CAKES, 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 following:

KELLY MELLERT

Name of Person

**GRAND BABY CAKES, LLC** 

Firm/Company

12556 STONE TOWER LOOP Address

FORT MYERS, FL 33913 City/State and Zip Code

grandbabycakes@gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Mellert	at (954)	257-4070
Name of Person	Area Co	de & 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

#### RECEIVED

09 JUN 11 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2010

KELLY MELLERT 12556 STONE TOWER LOOP FT MYERS, FL 33913

SUBJECT: GRAND BABY CAKES, LLC Ref. Number: L09000060498

We have received your document for GRAND BABY CAKES, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 310A00012281

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallabassee, Florida 32314

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered
<ul> <li>agent, or both, in the State of Florida.</li> <li>1. Name of the limited liability company:G</li> </ul>	
2. (a) Principal office address of limited liability compan	10rci C = i
(Note: MUST BE STREET ADDRESS)	FORT MYERS FL 33913
(b) Mailing address of limited liability company:	2095 47TH AVE NE
(Note: MAY BE POST OFFICE BOX)	NAPLES, FL 34120
JUNE 22, 2009	L0900060498
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:	KELLY MELLERT
Registered Office Address:	5192 NE 6TH AVENUE #824 OAKLAND PARK, FL 33334
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2095 47th Ave NE Naples FL 34120
(MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be idem liability 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	Interpret State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of a member prauthorized representative of a member KELLY MELLERT Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my pa Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company upper the state of the state o	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 63 FILING FEE: \$	
Division of Corporations, P.O. Box 63	

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

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