4100000011

(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:		

Office Use Only

G. MCLEOD

MAY - 3 2011

EXAMINER



500205217095

04/29/11--01028--009 **25.00

11 APR 29 PM 12: 05
SLERETARY OF STATE
TALLAHASSEE, FI OBJA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bay Town Gol Name of Limited L	OCRY, LLC iability 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	er to the following:	
Cicely Haywood (Name of Person		
Ray town Grocery (CC) Firm/Company		
137 Parker Village Civ.		
Panama City, FC 32404 City/State and Zip Code		
Cicelymhay wood@hotmail.con bias to ven_ose yahoo.com E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Cicely Hay wood at (8)	SO) 3/9-3/17 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified 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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OFFICE BOX) 2 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1. Name of the limited liability company: Ray	Town Grocery, CCC	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: May Be Post Office Company of State: Company	2. (a) Principal office address of limited liability company:		
(Note: MAY BE POST OFFICE BOX) Concard City Cost	(Note: MUST BE STREET ADDRESS)	SQI E. 15th St Panama City, FC 32405	
Date of filing/registration in Florida 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: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: NEW	(b) Mailing address of limited liability company:		
Segistered Agent: Registered Agent: Registered Office Address: NEW Registered Agent: NEW Registered Office Address: NEW R	(Note: MAY BE POST OFFICE BOX)	137 Parker Villago Ci Panama City, FC 3240	
Registered Agent: Registered Office Address: Description of the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change (s) was/were authorized by an adjurnative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Description of a member or authorized representative of a member. Description of a member of authorized representative of a member. Description of a member of authorized representative of a member. Description of a member of authorized representative of a member. Description of a member of authorized representative of a member. Description of a member of authorized representative of a member. Description of a member of authorized representative of a member. Description of a member of a member of signee.	02/25/2011 3. Date of filing/registration in Florida	4. Document number	
Registered Office Address: Daname	5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Note that the change of a member or authorized representative of a member. NEW Registered Office address: (37) Parker Village Continued to the limited liability company of the state of Florida, it is hereby confirmed that the change of the registered office and the business of the registered of the	Registered Agent:	Sophia WRIGHT	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member. Printed or typed name of signee	Registered Office Address:	2633 Avandale Ct Parama City, FL 3240	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Danker Village Circulated City FL 324124 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of forgativation or the operating agreement of the limited liability company.	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.	NEW Registered Agent:	Cicely Haywood	
confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member.			

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

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000090966

Entity Name: BAY TOWN GROCERY, LLC

FILED Feb 25, 2011 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

821 E. 15TH STREET PANAMA CITY, FL 32405

Current Mailing Address:

New Mailing Address:

2633 AVONDALE CT PANAMA CITY, FL 32404

FEI Number: 27-3171092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

US

Name and Address of New Registered Agent:

WRIGHT, SOPHIA 2633 AVONDALE COURT PANAMA CITY, FL 32404

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title:

MGRM

Name: Address: City-St-Zip: WRIGHT, CORTELIUS 2633 AVONDALE COURT PANAMA CITY, FL 32404

Title:

MGRM

Name: FAS Address: 263 City-St-Zip: PAN

FASINA-WRIGHT, SOPHIA 2633 AVONDALE COURT PANAMA CITY, FL 32404

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: CORTELIUS WRIGHT

OWNE

02/25/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date