L10000 105468

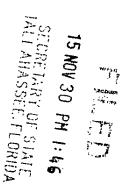
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DEC 01 2015 J SHIVERS





November 6, 2015

TIFFANY JESSEE-WYLIE 10229 THURSTON GROVES BLVD SEMINOLE, FL 33778

SUBJECT: BARIWARE, LLC Ref. Number: L10000105468

We have received your document for BARIWARE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 815A00023543

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bari Ware, LLC Name of Limited Partnership or Lim	nited I jobility I imited Bertmarchin
DOCUMENT NUMBER: L 1000010	
The enclosed Statement of Change of Registered fee(s) are submitted for filing.	Office and/or Registered Agent and
Please return all correspondence concerning this r	natter to:
Tiffany Jessel-Wylie Contact Person BariWare 116	
Bari Ware LLC Firm/Company	
10229 Thurston Groves &	Not vol.
Seminok, R 33778 City, State and Zip Code	
driess: (to be used for future annual report no	om difference
For further information concerning this matter, ple	
Tiffany Jessee-Wylie at (727 , 692.9698
Name of Contact Person A	rea Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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

(a) _		(b) 101	229 Thu	rston GI	rov
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Ncw)		mited liability compan	ıy:)
		_ <u>_ Sa</u>	mivole	F1.	
				3377	28
	10-08-10		1000010	05468	
•	Date of filing/registration in Florida	4.	Document num	ber	
(a)	Dezbah Zevin	/	<u></u>		
	Registered Agent and Registered Office shown on the records of the		State:		
	3335 Stonegate Fi	HIS DR			
	Registered Office Address (MUST BEFLORIDA STREET A	DDRESS)		Zs _	
	LAND O LAKES			5.	
	Pi	346	38		
		<u> </u>			draces Traces
(b)	Tiffmy Jessee	2 - Wy/	lie		77
	Enter name of NEW Registered Agent and/or NEW Registered				4 <u>2</u>
	10229 Thurston (Proves	s Block	SIATE -	<u></u> -
	NEW Registered Office Address:				
	Seminole , FL	337	28		
he li	mited liability company is not organized under the law	s of the State of	Florida, it is hereb	y confirmed that a	fter
chai	nge or changes are made, the Florida street address of	the registered of	ffice and the busines	ss office of the reg	istere
s/we	vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of	f the limited liab	oility company or as	otherwise provide	ed in
artic	cles of organization or the operating agreement of the	limited liability	company.		
	K HT NU/M	1)66	Printed or typed n	///)	
i	ore of a member or authorized representative of a member				

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