# L11000096367

| (Re                                     | questor's Name)   |             |
|---|-------------------|-------------|
| (Ad                                     | dress)            | <u></u>     |
| (Ad                                     | dress)            |             |
| (Cit                                    | y/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT            | MAIL        |
| (Business Entity Name)                  |                   |             |
| (Document Number)                       |                   |             |
| Certified Copies                        | _ Certificates    | s of Status |
| Special Instructions to Filing Officer: |                   |             |
|   |                   | :           |
|   |                   |             |
|   |                   |             |

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SECRETARY OF STATE ALLAHASSEE, FI ORINA

DEC - 4 2013

T. BROWN

#### COVER LETTER

**TO:** Registration Section Division of Corporations

## SUBJECT: B&B ENTERPRISES KEY WEST 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:

### **CASEY VINALL**

Name of Person

#### **B&B ENTERPRISES KEY WEST LLC**

Firm/Company

### 417 ELIZABETH STREET UNIT 4

Address

## KEY WEST, FL 33040

City/State and Zip Code

## CPMVINALL@GMAIL

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## CASEY VINALL

 $_{\rm at}$  (305  $_{\rm 3}$  79

Name of Person

Area Code & 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

## . 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.

| 1. Name of the limited liability company: BAB ENTER  | RPRISES KEY WEST LLC   |
|--|--|
| 2. (a) Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)   | ompany: 417 ELIZABETH STREET #4  KEY WEST, FL 33040  |
| (b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)  | /: 417 ELIZABETH STREET#4 FOR SO   |
| 10/11/2013   | L11000096367   |
| 3. Date of filing/registration in Florida  | 4. Document number   |
| 5. (a) Registered Agent and Registered Office sho  | own on the records of the Florida Dept. of Mate:   |
| Registered Agent:  | LAROSE, WILLIAM  |
| Registered Office Address:   | 1033 SANDYS WAY KEY WEST, FL 33040   |
|  |  |
| (b) Enter name of <b>NEW Registered Agent</b> and  | or NEW Registered Office address:  |
| NEW Registered Agent:  | VINALL, CASEY  |
| <u>NEW</u> Registered Office Address:<br>(MUST BE FLORIDA STREET ADDRES  | 417 ELIZABETH STREET #4 KEY WEST FL 33040  |
|  | ,FL  |
| If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the change of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company or as the limited liability company or as the operating agreement of the limited liability company or as the l | e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited nange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or   |
| CASEY VINALL Printed or typed name of signee   | <del> </del>   |
|  | nt and agree to act in this capacity. I further agree to<br>the proper and complete performance of my duties,<br>if my position as registered agent as provided for in<br>id to merely reflect a change in the registered office<br>company has been notified in writing of this change. |

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

Signature of Registered Agent