

L11000115589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

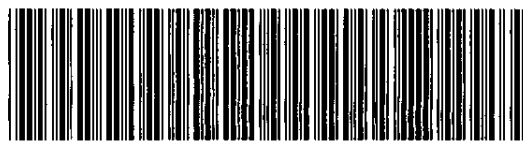
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

D. BRUCE

NOV 30 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2011

OLDEMAR SANTAMARIA
7559 SPATTERDOCK DR.
BOYNTON BEACH, FL 33437

SUBJECT: BABY BELLY PHOTOS LLC
Ref. Number: L11000115589

We have received your document for BABY BELLY PHOTOS 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 011A00025955

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2011

OLDEMAR SANTAMARIA
7559 SPATTERDOCK DR.
BOYNTON BEACH, FL 33437

SUBJECT: BABY BELLY PHOTOS LLC
Ref. Number: L11000115589

We have received your document for BABY BELLY PHOTOS 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 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 411A00025450

FILED
11 NOV 29 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Baby Baby Photos
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:

Tiffany Santamaria
Name of Person

Baby Baby Photos
Firm/Company

7559 Seaton Dale Dr.
Address

Baytown Beach, FL 33437
City/State and Zip Code

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

For further information concerning this matter, please call:

Tiffany Santamaria at (954) 494-2774
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Giffon 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

(Already submitted)

FILED
11 NOV 29 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
11 NOV 29 AM 8:50
TALLAHASSEE, FLORIDA

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:

Bony Bony Photos

2. (a) Principal office address of limited liability company:

7559 SPATHEDOCK DR.

(Note: MUST BE STREET ADDRESS)

BOYNTON BEACH FL 33437

(b) Mailing address of limited liability company:

7559 SPATHEDOCK DR.

(Note: MAY BE POST OFFICE BOX)

BOYNTON BEACH FL 33437

3. Date of filing/registration in Florida

10/10/11

4. Document number

L11000115589

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address:

13302 WINDING OAK COURT
A
TAMPA, FL 33612

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

ADENAR SANTAMARIA

NEW Registered Office Address:

7559 SPATHEDOCK DR.

(MUST BE FLORIDA STREET ADDRESS)

BOYNTON BEACH, FL 33437

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.

Tiffany Santamaria

Signature of a member or authorized representative of a member

Tiffany Santamaria

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]

Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
OCT 29 AM 9:59
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA