

L12000030870

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SHIN LAW FIRM, P.A.
Account Number : 120120000028
Phone : (407) 730-7814
Fax Number : (407) 730-7815

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Email Address: BMcconnell@Shinlawgrp.com

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LLC REGISTERED AGENT CHANGE BMB VILLAGES, LLC

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Corporate Filing Menu

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J. SAULSBERRY
EXAMINER
APR 26 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BMB VILLAGES, 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:

BRITNEY MCCONNELL

Name of Person

SHIN LAW FIRM, P.A.

Firm/Company

200 SOUTH ORANGE AVENUE, SUITE 1450

Address

ORLANDO, FL 32801

City/State and Zip Code

BMCCONNELL@SHINLAWGP.COM

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

For further information concerning this matter, please call:

BRITNEY MCCONNELL

Name of Person

at (407)

730-7814

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: BMB VILLAGES, LLC

2. (a) Principal office address of limited liability company: 439 LAMS CROSSING

(Note: **MUST BE STREET ADDRESS**) ELKTON VA 22827

(b) Mailing address of limited liability company: 439 LAMS CROSSING

(Note: **MAY BE POST OFFICE BOX**) ELKTON VA 22827

03/02/2012
3. Date of filing/registration in Florida

L12000030870
4. Document number

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

Registered Agent: SHIN, TAE
Registered Office Address: 121 S. ORANGE AVE.
SUITE 1500
ORLANDO, FL 32801 US

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

NEW Registered Agent: SHIN, TAE
NEW Registered Office Address: 200 SOUTH ORANGE AVENUE
(MUST BE FLORIDA STREET ADDRESS) SUITE 1450
ORLANDO FL 32801

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.

Tae Shin
Signature of a member or authorized representative of a member

Tae Shin
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.

Tae Shin
Signature of Registered Agent

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