## 112000036257

(Reques	tor's Name)	
(Address	5)	
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(City/Sta	ite/Zip/Phone #)	
- PICK-UP	] WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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B. BOSTICK
MAR - 5 2013

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## COVER LETTER

TO: Registration Section  Division of Corporations
SUBJECT: Bay Area Cleanyo and Removal LL 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:
Daviel Wheeler Name of Person
Bay Area Cleanup and Removal
1007 W. Ohio Ave.
Tampa, FL 33603 City/State and Zip Code  City/State and Zip Code
daniel Clayareccleanup and removal. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daviel Wheeler at (813) 364-3691  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations

Enclosed is a check for the following amount:

\$25 Filing Fee

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

P.O. Box 6327

## 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.

agent, or both, in the blace of 1 fortaa.	
1. Name of the limited liability company: Bay Are	a Cleanyo and Removal LL
2. (a) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 1007 W. Ohio Ave.
	Tampa, FL 33603
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3-1-2013  3. Date of filing/registration in Florida	L12000036257
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:	MRAI Services, INC.
Registered Office Address:	515 East Park Auc.
	Tallahasser, FL 32301
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	Daviel Wheeler
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1007 W. Ohio Ase.
in ed. Be i Benie i Sinesi i i Benies,	Tampa FL 33603
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	lorida street address of the registered office
Printed or typed name of signee	1 4: 26
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability compand	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	

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



February 22, 2013

DANIEL WHEELER 1007 W. OHIO AVENUE TAMPA, FL 33603

SUBJECT: BAY AREA CLEANUP & REMOVAL LLC

Ref. Number: L12000036257



We have received your document for BAY AREA CLEANUP & REMOVAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 013A00004381