## L13000077570

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate:	s of Status				
Special Instructions to Filing Officer:						
,						

Office Use Only



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2016 FEB 22 PH 5: 22 SECRETARY OF STATE

Mrss.

## THE LAW OFFICES OF LORENE SEELER YOUNG, P.A.

VIA FEDERAL EXPRESS

February 19, 2016

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

OUR REF:

ORIT GILAD from BBMS INVESTMENTS, LLC

OUR FILE:

16003-03 /16-0059

To whom it may Concern:

Enclosed please find an original Statement of Change of Registered Office or Agent and two Original Dissociation or Resignation of Member, Manager from Florida that need to be filed, along with check # 4702 in the amount of \$75.00 for the filing fee of all three.

If you have any questions or need anything further, please contact me.

Very truly yours,

LORENE SEELER YOUNG, P.A.

Jezere Acosta, Legal Assistant

/ja Enclosures

9124 Griffin Road, Cooper City, Florida 33328

Phone: (954) 585-3967 Facsimile: (954) 585-3987 Email: <u>Iezette@Lsy-Law.com</u>

## COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations				
SUBJECT:	BBMS INVESTMENTS, LLC				
ocbole 1.	Name of Limited Liability Company				
Dear Sir or M	Madam:				
The enclosed	l Registered Agent/Registered Offic	e Change a	nd fee(s) are submitted for filing.		
Please return	all correspondence concerning this	matter to t	he following:		
ORIT GAL	.AD				
	Name of Person		<del></del> _		
BBMS INV	/ESTMENTS, LLC				
	Firm/Company		<del></del>		
3281 SW	53 STREET				
	Address				
FORT LA	JDERDALE, FLORIDA 33312				
	City/State and Zip Code		<del></del>		
AORIT@A	OL.COM				
E-mail	address: (to be used for future annu	al report no	tification)		
For further in	nformation concerning this matter, p	lease call:			
ORIT GAL	AD	305	766-4731		
	Name of Person		Area Code & Daytime Telephone Number		
STR	EET/COURIER ADDRESS:	]	MAILING ADDRESS:		
		Registration Section			
		Division of Corporations			
	on Building		P.O. Box 6327		
	Executive Center Circle shassee, Florida 32301	,	Γallahassee, Florida 32314		
Encl	osed is a check for the following a	ımount:			
<b>(</b> \$2	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 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.

1. Name of the limited liability company: BBMS INVESTMENTS, LLC.							
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		M	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		3046 NW 87 AVENUE		3281 SW	53 STREET		
		COOPER CITY, FL 33024	<del>-</del>	FT. LAUI	DERDALE, FL 33312		
		05/17/2013 EFFECTIVE 05/16/13		L1300007	2570		
3.		Date of filing/registration in Florida	4.		Document number		
5	(a)						
٥.	(a)	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of State			
		SHLOMI BITON					
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>S)</u>	TAP. TAP.		
		5360 SW 32 WAY			Lal Simplify		
		COOPER CITY .FL	33024				
	4.				5: 22 STATE STATE		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	ldress:			
		ORIT GILAD					
		NEW Registered Office Address:					
		3281 SW 53 STREET					
		FT. LAUDERDALE , FL	33312				
the ag	e cha ent v as/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liable.	the regi bility c f the lin limited	istered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
_	Signa	ture of a member of authorized representative of a member			Printed or typed name of signee		
I protection	here ovisi e obl mer otifie	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to ac perforn I for in tereby c	t in this cape nance of my c Chapter 605 confirm that i	ncity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been		
<u></u>	- Thota	re of Registered Agent					
31	gnatu	ie of Registered Agent					