

L23000305630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

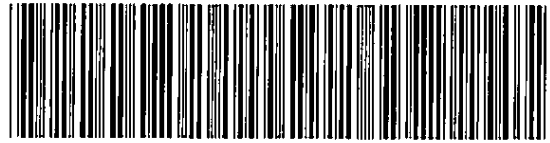
(Business Entity Name)

(Document Number)

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08/01/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BBM RANCH LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WHITNEY MCMILLEN ASTACIO

Name of Person

MCMILLEN & COMPANY TAX SERVICES

Firm/Company

225 S SWOOPE AVE SUITE 111

Address

MAITLAND, FL 32751

City/State and Zip Code

INFO@MACTAXES.COM

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

For further information concerning this matter, please call:

WHITNEY MCMILLEN ASTACIO

at 407 647-2200

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BARBOUR, DEBRA	19309 LAKE PICKETT RD	☐ Add
		ORLANDO, FL 32820	☒ Remove
			☐ Change
MGR	BARBOUR, DEBRA	19309 LAKE PICKETT RD	☒ Add
		ORLANDO, FL 32820	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00