

L9500000356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B & N Real Estate Limited Liability Co. 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:

Glenda S. Macon

Name of Person

B & N Real Estate Limited Liability Co. LLC

Firm/Company

P.O. Box 3604

Address

H. Ponce H. 34948

City/State and Zip Code

Inletfisher75788@Bellsouth.net

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

For further information concerning this matter, please call:

Glenda Macon at (772) 464-4626

Name of Person

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2012

GLEND A S. MACON
P.O. BOX 3604
FT PIERCE, FL 34948

SUBJECT: B & N REAL ESTATE LIMITED LIABILITY COMPANY, L.C.
Ref. Number: L95000000356

We have received your document for B & N REAL ESTATE LIMITED LIABILITY COMPANY, L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Leslie Sellers
Regulatory Specialist II

Letter Number: 712A00023557

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: B + N. Real Estate Limited Liability Co. LLC

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

(Note: **MUST BE STREET ADDRESS**)

22 N. Causeway Dr.
Ft. Pierce FL 34946

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

P.O. Box 3404
Ft. Pierce FL 34948

JAN. 03, 2012
3. Date of filing/registration in Florida

L95000000356
4. Document number

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

Registered Agent:

Glenda J. Macon

Registered Office Address:

Old: 22 N. Causeway Dr. 1000 N. 2nd St.
Ft. Pierce FL 34946 Ft. Pierce FL 34950

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

NEW Registered Agent:

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1000 N. 2nd St.
Ft. Pierce FL 34950

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.

[Signature]
Signature of a member or authorized representative of a member

Glenda Macon
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 - 4 PM 3:22
TALLAHASSEE, FL