## HOTOOOOIIA

(Requestor's Name)  (Address)	200156553902		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	05/29/0901021038 **50.00		
(Business Entity Name) (Document Number)	· · · ·		
Certified Copies Certificates of Status			

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JUN: - 1 2009

**EXAMINER** 

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## COVER LETTER

Division of Corporations
SUBJECT: B.I.L. REALTY, 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:
ALISON BOUCHARD (Name of Person)
BAY STATE CORPORATE SERVICES, INC. (Firm/Company)
6 BEACON STREET, SUITE 510
(Address)
BOSTON, MA 02108
(City/State and Zip Code)
For further information concerning this matter, please call:
ALISON BOUCHARD at (617 ) 742-8484
(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 & Certified Copy

## 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. The name of the limited	d liability company is: B.I.L. I	REALTY, LLC			
2. The mailing address of	the limited liability company	is : 20 BUFFALO RUN, EAST B	3RUNSV	VICK,	NJ
08816					
	,				
02/26/07		M07000001121			
3. Date of filing/registrati	on in Florida	4. Document number			
5. The name of the registe Florida Department of S		ffice address as shown on the r	records	of the	1
	LEEF, LEONARD				
	Name				
	5185 NICHOLAS DRIVE				
Address					
	WEST PALM BEACH, FL 3341	i7			
	City, State a	nd Zip			
6. The name and address of	of the new registered agent an	d/or office:	SEUR	09 MAY	ganisty with
	NRAI Services, Inc. Tiniesha C	ark, Asst. Secretary	五日	~	11
	Name	-	SS 25.	29	
	2731 Executive Park Drive, Suit	te 4	m~	J.	П
	Florida street address (P.O.	Box NOT acceptable)	FLO	<b>₩</b> 8	
	Weston FL :	33331	STATE LORIDA	8: 20	
	City, State and	·	_≥'''	_	
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 of a member or authori	ized representative of a member)	<del></del>			
Karen Leef, Member		· 			
(Printed or typed name of signee)					
TVIDA OCTVICOS, INCO TIMEST	iniment as registered agent an sof all statutes relative to the d accept the obligations of my his document is being filed to that the limited liability comp a Clark, Assi, Secretary	nd agree to act in this capacity. I proper and complete performs I position as registered agent a I merely reflect a change in the I cany has been notified in writin	I furth ance of is provid registe ig of thi	ier ag my di ded fo red of is chä	ree to uties, r in fice nge.
(Signature of Registered Agent) Tiniesha Clark, Asst. Secre	etary on of Corporations, P.O. Box	: 6327. Tallahassee. FL 32314	4		

**FILING FEE: \$25.00**