

1108000005274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

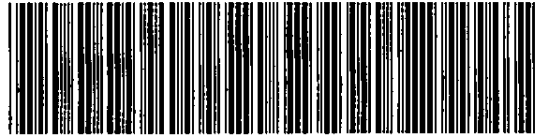
(Business Entity Name)

(Document Number)

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FILED
NOV 5 2009
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -4 PM 2:08

T. HAMPTON

NOV - 5 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BV Melbourne, 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:

Thel W. Casper
Name of Person

Ball Ventures, LLC
Firm/Company

PO Box 51298
Address

Idaho Falls, Idaho 83405
City/State and Zip Code

nissen@ballventures.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nissen Denning at (208) 523-3794
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

RECEIVED

09 NOV -4 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 26, 2009

THEL W CASPER
BALL VENTURES LLC
P O BOX 51298
IDAHO FALLS, ID 83405

SUBJECT: BV MELBOURNE, LLC
Ref. Number: M08000005274

We have received your document for BV MELBOURNE, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 709A00033977

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: BV Melbourne, LLC

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



(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: _____



(Note: MAY BE POST OFFICE BOX)

12/03/2008

3. Date of filing/registration in Florida

M08000005274

4. Document number

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

Registered Agent:

JEFFREY BERGER

Registered Office Address:

301 West Platt Street

#502

Tampa FL 33606 US

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

NEW Registered Agent:

Jose M. Martinez

NEW Registered Office Address:

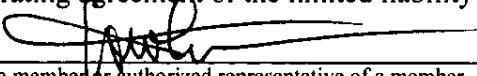
(MUST BE FLORIDA STREET ADDRESS)

7855 NW 12th Street

Suite 217

Miami, FL 33126

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 authorized representative of a member

Thel W. Casper, Secretary of the Manager

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 of Registered Agent

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

FILING FEE: \$25.00