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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

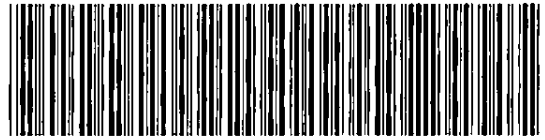
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TALLAHASSEE, FLORIDA

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000004597

Entity Name: BLB OF NEVADA, LLC

Current Principal Place of Business:

774 MAYS BOULEVARD, #10 PMB 176
INCLINE VILLAGE, NV 89451

Current Mailing Address:

774 MAYS BOULEVARD, #10 PMB 176
INCLINE VILLAGE, NV 89451 US

FBI Number: 26-2832728

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOFFMAN, CHARLES LJR.
SHELL, FLEMING, DAVIS & MENGE, P A.
226 PALAFOX PLACE, 9TH FLOOR, SEVILLE TOW
PENSACOLA, FL 32502 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR

Name HAYES, BOBBY L

Address 774 MAYS BOULEVARD, #10 PMB 176

City-State-Zip: INCLINE VILLAGE NV 89451

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605 Florida Statutes and that my name appears above or on an attachment with all other like empowered.

SIGNATURE: HAYES, BOBBY L

MANAGING MEMBER

01/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLB OF NEVADA, 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:

BOBBY L. HAYES

Name of Person

BLB OF NEVADA, LLC

Firm/Company

774 MAYS BOULEVARD, #10 PMB 176

Address

City/State and Zip Code

INCLINE VILLAGE, NV 89451

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

For further information concerning this matter, please call:

BOBBY L. HAYES

Name of Person

at (_____) _____

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$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: BLB OF NEVADA, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

SEPTEMBER 13, 2011

M11000004597

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
CHARLES L. HOFFMAN, JR., SHELL, FLEMING DAVIS & MENGE, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

226 PALAFOX PLACE, 9TH FLOOR, SEVILLE TOWER

PENSACOLA, FL 32052

(b) CHARLES L. HOFFMAN, JR.

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

CARVER DARDEN

NEW Registered Office Address:

151 W. MAIN STREET, SUITE 200

PENSACOLA, FL 32502

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.

Bobby L. Hayes
Signature of a member or authorized representative of a member

BOBBY L. HAYES

Printed or typed name of signee

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 605, 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

FILED
2024 APR -8 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA