

MIS 000004297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

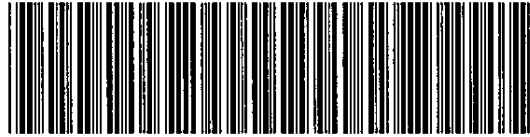
(Business Entity Name)

(Document Number)

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2015 JUN 29 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B&B TRAVELWARE 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:

PAUL BRUSASCHETTI
Name of Person

B&B TRAVELWARE LLC
Firm/Company

913 WILLOW STREET SUITE 207
Address

SAN JOSE, CA 95125
City/State and Zip Code

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

For further information concerning this matter, please call:

PAUL BRUSASCHETTI at 408, 266 5348 x 312
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

INHS18 (2/14)

included with last letter



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2015

PAUL BRUSACHETTI
913 WILLOW STREET
SUITE 201
SAN JOSE, CA 95125

SUBJECT: BNB TRAVELWARE LLC
Ref. Number: M15000004297

RECEIVED
15 JUN 29 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for BNB TRAVELWARE 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 the proper form(s) with instructions for your convenience.

The designation of the registered agent must be at a Florida street address.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 715A00012576

**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: B&B TRAVELWARR LLC
2. (a) B&B Travelwar LLC (b) B&B Travelwar LLC
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
913 Willow Street Suite 201 913 Willow Street Suite 201
San Jose CA 95128 San Jose CA 95128
June 2nd 2015 MIS 000004297
3. Date of filing/registration in Florida 4. Document number
5. (a) BAGRA BAGGAGE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6000 Glades ROAD Suite 1202
BOCA RATON, FL 33431

(b) SAGAR PARIKH

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

6000 Glades Road Suite 1202
NEW Registered Office Address:
Boca RATON
FL 33431

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

PAUL BRUSCHETTI
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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
2015 JUN 29 PM 4:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE