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## GOLDSTEIN, BUCKLEY, CECHMAN, RICE & PURTZ, P.A.

## Attorneys At Law

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<sup>1</sup> Also Member PA Bar <sup>2</sup> Also Member PA, NJ, DC Bars 3 Also Member NY, NJ, DC Bars

December 19, 2006

Department of State Registration Section **Division of Corporations** Post Office Box 6327 Tallahassee, Florida 32314

Re: BBL-FLORIDA, LLC

Dear Sir or Madam:

Enclosed herein please find Registered Agent/Registered Office Change form for filing together with our firm check in the amount of \$25.00 representing the filing fee.

Thank you for your assistance in this matter.

Very truly yours,

GOLDSTEIN, BUCKLEY, CECHMAN, RICE & PURTZ, P.A

FFREY RICE

JJR:smd **Enclosures** 

OTHER OFFICES

LEHIGH ACRES (239) 368-6101

NAPLES (239) 262-4888 PORT CHARLOTTE (941) 624-2393

## 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.

<b>4</b> 80, 2. 20, 2			
1. The name of the limite	ed liability company is:	BBL-FLORIDA, LLC	
2. The mailing address of	f the limited liability compa	any is :	
P 0 Row 12780 A	Albany, NY 12212-278	<b>Q</b>	
1.0. BOX 12/07; 2	ilbuly, at illic 270	<u></u>	
November 19, 1999	<u>)                                      </u>	<u> м990000018</u> 4	13
3. Date of filing/registrat	ion in Florida	4. Document nu	mber
5. The name of the register Florida Department of	ered agent and the registere State:	d office address as shown	on the records of the
	CT CORPORATION SYS	TEM	
	Na 1200 South Pine Is	me Land Road	•
	Add	ress	7.
	Plantation, FL 33	324	ZDOB- SEC SEC
	City, Stat	e and Zip	AHA:
6. The name and address	of the new registered agent		ASA C
	J. JEFFREY RICE		
	J. JEFFREY RICE  Nam  1515 Broadway  Florida street address (P.	e	A III
	Florida street address (P.	O. Box NOT acceptable)	10A 21
		33901	
	City, State	and Zip	
confirmed that after the cl and the business office of liability company, it is her of the members of the lim or the operating agreemen	npany is not organized under hange or changes are made, the registered agent will be reby confirmed that the cha- nited liability company or a at of the limited liability con	the Florida street address identical. Or, in the case nge(s) was/were authorize s otherwise provided in th	of the registered office of a Florida limited ed by an affirmative vote
(Signature of a member or authori	ized representative of a member)	<del></del>	
Michael F. Bette			
(Printed or typed name of signee)		<del></del>	
I hereby accept the appoing the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered agent s of all statutes relative to i d accept the obligations of his document is being filed that the limited liability co	and agree to act in this co the proper and complete p my position as registered to merely reflect a chang mpany has been notified i	spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.
(Signature of Registered (2) nt)			
// Divisio	n of Corporations, P.O. B	ox 6327, Tallahassee, FI	32314

**FILING FEE: \$25.00** 

INHS18 (8/05)