

LO2 0000000872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

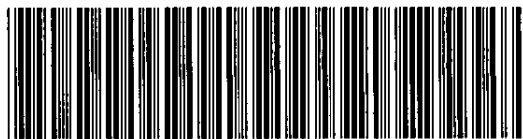
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
12 JAN 23 PM 3:23

FF \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Everglades Video 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:

John Gail

Name of Person

Everglades Video LLC

Firm/Company

2600 Forest Ln #250

Address

Dallas TX 75234

City/State and Zip Code

Rep temple 2002@yahoo.com

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

For further information concerning this matter, please call:

John Gail

Name of Person:

at (972) 243-2600

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

TNHS18 (4/08)



LUKE CHARLES LIROT, P.A.

ATTORNEYS AND COUNSELORS AT LAW
2240 BELLEAIR ROAD, SUITE 190
CLEARWATER, FLORIDA 33764



(727) 536-2100 TEL

(727) 536-2110 FAX

January 20, 2012

Via U.S. Mail

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Everglades Video, LLC
Ref #: L02000000872

Dear Ms. Hampton:

Enclosed please find the enclosed documents with a signature regarding the registered agent.
Thank you for your professional courtesies.

Sincerely,

Krista Snyder
Office Manager

Enclosure



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 JAN 23 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 7, 2011

JOHN COIL
2600 FOREST LN
250
DALLAS, TX 75234

SUBJECT: EVERGLADES VIDEO, LLC
Ref. Number: L02000000872

We have received your document for EVERGLADES VIDEO, 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: 211A00027367

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: EVERGLADES VIDEO, LLC

2. (a) Principal office address of limited liability company: 2600 FOREST LN

(Note: MUST BE STREET ADDRESS)

280
DALLAS, TX 75234

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

1/11/02

L02000000872

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:

Registered Agent: JAMES S BENJAMIN

Registered Office Address: 1 FINANCIAL PLAZA
1615
FT LAUDERDALE, FL 33394

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

NEW Registered Agent: LUKE LIRAT (Lirat)

NEW Registered Office Address: 2240 BELLEAIR RD
(MUST BE FLORIDA STREET ADDRESS) # 190
CLEARWATER, FL 33764

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.

X [Signature]
Signature of a member or authorized representative of a member

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 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.

X [Signature]
Signature of Registered Agent

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 23 PM 3:22