

LD2000027154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

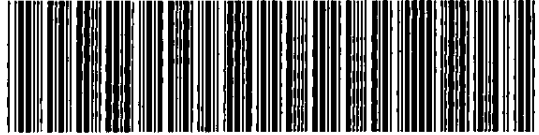
Special Instructions to Filing Officer:

L. SELLERS

OCT 21 2009

EXAMINER

Office Use Only



400161795054

10/19/09--01033--018 **25.00

FILED
09 OCT 19 AM 8:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAM ONE MEDIA, L.L.C.
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:

LARRY LEE, JR

Name of Person

TEAM ONE MEDIA, L.L.C.

Firm/Company

P O BOX 880052

Address

PORT ST LUCIE, FL 34988

City/State and Zip Code

llee@wflm.cc

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

For further information concerning this matter, please call:

LARRY LEE, JR

Name of Person

at (772)

528-9167

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

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: TEAM ONE MEDIA, L.L.C

2. (a) Principal office address of limited liability company: 6803 S FEDERAL HWY

☒ (Note: **MUST BE STREET ADDRESS**) PORT ST LUCIE, FL 34952

(b) Mailing address of limited liability company: P O BOX 880052

☒ (Note: **MAY BE POST OFFICE BOX**) PORT ST LUCIE, FL 34988

3/20/2007

3. Date of filing/registration in Florida

4. Document number L02000027154

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

Registered Agent: MARY ANN CREBASSA

Registered Office Address: 6803 S FEDERAL HWY
PORT ST LUCIE, FL 34952

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

NEW Registered Agent: LARRY LEE, JR

NEW Registered Office Address: 6803 S FEDERAL HWY
(MUST BE FLORIDA STREET ADDRESS) PORT ST LUCIE, FL 34952

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.

Larry Lee, Jr.
Signature of a member or authorized representative of a member

LARRY LEE, JR.
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.

Larry Lee, Jr.
Signature of Registered Agent

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

FILED
09 OCT 19 AM 9:12
TALLAHASSEE
SECRETARY OF STATE