## 10300040002

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PICK-UP WAIT MAIL		
(Business Entity Name)		
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SECRETARY OF STATE DIVISION OF CORPORATIONS



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2006

ADAM MAYSONET 4939 CYPRESS WAY COCONUT CREEK, FL 33073

SUBJECT: INSANE ENTERTAINMENT, LLC

Ref. Number: L03000040002

We have received your document for INSANE ENTERTAINMENT, LLC and your check(s) totaling \$35.00. 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.

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) 245-6851.

Letter Number: 706A00072377

Gina McLeod Document Specialist

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Insane Enter	Hainment, LLC ed 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 r	matter to the following:	
Adam Maysonet		<b>0</b> DIV
Insane Entertainmer	•	ISION OF C
4939 Cypress Way		PMID: 03
Coconut Creek, FL 330- (City/State and Zip Code)	73	X
For further information concerning this matter, ple	ease call:	
Adam MaySovet at (Name of Person)	954) 547-5194 (Area Code & Daytime Telephone N	umber)
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	٠
Enclosed is a check for the following am	ount:	
\$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.

agein, or bonn, in the State of Trontage	
1. The name of the limited liability company is: <u>Insare</u> Entertain ment, 1	<u>_</u> !_(
2. The mailing address of the limited liability company is: 4939 Cypress Way	<u>ب</u>
Coconut Creek, FL 33073	
10/17/2003 Lognory0002	
3. Date of filing/registration in Florida 4. Document number	_
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Adam MaySoret  Name  4841 NW 19th Street  Address  Coconut Creek FL 33063  City, State and Zip  6. The name and address of the new registered agent and/or office:	<b>ce</b> cre-1
6. The name and address of the new registered agent and/or office:	
Adam Maysonet  1939 Chame Specific Street address (P.O. Box NOT acceptable)  Cocourt Creek FL 33073  City, State and Zip	OF STATE
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 of a member or authorized representative of a member)  (Printed or typed name of signee)	; 1
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, Lhereby confirm that the limited liability gompany has been notified in writing of this change.	to ,

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

(Signature of Registered Agent)