

LD5000081926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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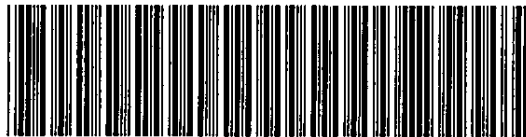
(Business Entity Name)

(Document Number)

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J. BRYAN

W  
JAN 31 2007

JB



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2007

VICENT PETRESCU  
MGM CONSULTING GROUP, LLC  
6600 N ANDREWS AVE SUITE 410  
FORT LAUDERDALE, FL 33309

SUBJECT: STONE BRIDGE FILMS, LLC  
Ref. Number: L05000081926

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We have received your document for STONE BRIDGE FILMS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 907A00007461

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Stone Bridge Films 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:

Attn: Vicent Petrescu  
(Name of Person)

MGM Consulting Group, LLC  
(Firm/Company)

6600 N Andrews Ave Suite 410  
(Address)

Fort Lauderdale, FL 33309  
(City/State and Zip Code)

For further information concerning this matter, please call:

Vicent Petrescu at ( 954 ) 616-0360  
(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

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**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. The name of the limited liability company is: Stone Bridge Films, LLC
2. The mailing address of the limited liability company is : 21582 Cartagena Dr Boca Raton, FL 33428

8/18/2005

L05000081926

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:

Smallbiz Agents, LLC

Name

4244 W Tennessee St #185

Address

Tallahassee, FL 32304

City, State and Zip

6. The name and address of the new registered agent and/or office:

MGM Consulting Group, LLC

Name

6600 N Andrews Ave #410 400

Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale FL 33309

City, State and Zip

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)

Daniel Popa

(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.*

[Signature]  
(Signature of Registered Agent)

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

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