

L06000109729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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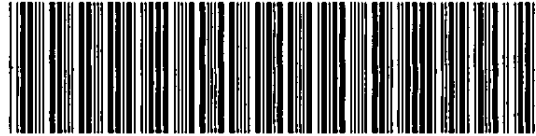
Special Instructions to Filing Officer:

**A. LUNT**

OCT - 7 2008

**EXAMINER**

Office Use Only



000136646930

10/06/08--01055--001 \*\*25.00

**FILED**  
2008 OCT - 6 P 3 28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MyCorporation  
An Intuit Company

21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367

intuit

Toll-Free: 888-692-6771 | Direct: 818-436-8225 | FAX: 818-879-8005  
E-mail: info@mycorporation.com

September 22, 2008

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: CHANGE OF REGISTERED AGENT: CROWN CABLE STRATEGIES, LLC**

Ladies and Gentlemen:

Please find enclosed for filing two signed originals of the Statement of Change of Registered Office/Agent for the above-referenced entity.

Also enclosed is a check in the amount of \$25.00 as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings  
My Corporation Business Services, Inc.  
21215 Burbank Blvd. Suite 400  
Woodland Hills, California 91367

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO  
POST FORMATIONS AT 888-692-6771.**

**FILED**  
2008 OCT -8 P 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CROWN CABLE STRATEGIES, 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:

Post Formations  
(Name of Person)

My Corporation Business Services, Inc.  
(Firm/Company)

21215 Burbank Blvd. Suite 400  
(Address)

Woodland Hills, CA 91367  
(City/State and Zip Code)

For further information concerning this matter, please call:

Post Formation Filings at ( 818 ) 436-8225  
(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

**FILED**  
2008 OCT -6 P 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: CROWN CABLE STRATEGIES, LLC

2. (a) Principal office address of limited liability company: 51 SW Flagler Avenue, #207  
Stuart, Florida 34994  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 51 SW Flagler Avenue, #207  
Stuart, Florida 34994  
(Note: **MAY BE POST OFFICE BOX**)

11/13/2006

3. Date of filing/registration in Florida

L06000109729

4. Document number

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

Registered Agent: Halgas, Robert C

Registered Office Address: 51 SW Flagler Avenue, #207  
Stuart, Florida 34994

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

**NEW Registered Agent:** NRAI Services, Inc.

**NEW Registered Office Address:** 2731 Executive Park Drive, Suite 4  
**(MUST BE FLORIDA STREET ADDRESS)** Weston, FL 33331

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)

Robert C. Halgas, Manager  
(Printed or typed name of signer)

*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 of Registered Agent) NRAI Services, Inc., by Meghan Record, Asst. Sec.

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