W100009220

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
ː, · (Bı	usiness Entity Nar	me)
. (Do	ocument Number)	<u>:</u>
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

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2009 AUG 14 PM 12: 27
SECRETARY OF STATE
SALLAHASSEE, FLORID

T. CLINE

AUG 1 7 2009

EXAMINER

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2009

ELMER PRUIM THE BARR DISPLAY COMPANY, LLC 6424 FOREST CITY ROAD ORLANDO, FL 32810

SUBJECT: THE BARR DISPLAY COMPANY, LLC

Ref. Number: L07000009220

We have received your document for THE BARR DISPLAY COMPANY, 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 your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II ng of your document, please call



INHS18 (5/08)

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Jane Dison	LLC Limited Liability Company	
Name of L	Limited Liability Company	
Dear Sir or Madam:	•	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for fili	ng.
Please return all correspondence concerning	this matter to the following:	
r lease return an correspondence concerning	this matter to the following.	
	•	
Flore G Par		
Elmoz G. Paim Name of Person		
Name of February		
7 0 0 0 1	,,	
The Bron Display Company L		12 PS 13 PS
1 IIII/Company		
Cum. C 2 00 0 0		
6424 Forest City Ro. D		NA Passes
Address		四年 平
C. 2001		2009 AUG 14 PM 12: 2 SECRE BARY OF STATE BALLAHASSEE, FLORIC
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	高語 2
City/State and Zip Code		-
Elmar Pe Brown Digny, con		
E-mail address: (to be used for future annual report n	ntification)	
For further information concerning this matter	er, please call:	
Elmer Prim	at (407) 472-3960	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section		
Division of Corporations		
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	· · · · · · · · · · · · · · · · · · ·	
Tallahassee, Florida 32301		
Enclosed is a check for the followin	ng amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
7 #35 October 2		

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: The 30	AR Display Company LLC
2. (a) Principal office address of limited liability company	/:
(Note: MUST BE STREET ADDRESS)	6424 forst City Rad Octambo, FL 32810
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	SANL
2/16/2007	L0700000 9220
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:	Stepher CL. Chang, I. 3
Registered Office Address:	Nardella a Chor 55
	-234 N. West north Dr. 35th Book - Altonork Say, Pl 32714
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	Stephen C.L. Char Fig.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Arvolo Mathem & Eagar PA (as E. Robinson St. Sute 730 Oclasso ,FL 32601
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Elma G. Anim III Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proud I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 63 FILING FEE: \$2	