

107000057375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

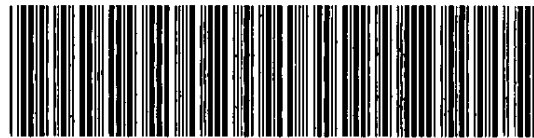
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS  
JUL 28 2008  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gustavo Sagastume International Media  
(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:

Gustavo Sagastume  
(Name of Person)

Gustavo Sagastume International Media  
(Firm/Company)

2040 Sherman Street  
(Address)

Hollywood, FL 33020  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Alice Miller at ( 954 ) 659-8308  
(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

✓ \$35 fee was enclosed with last mailing  
INHS18 (5/08)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 17, 2008

GUSTAVO SAGASTUME  
2040 SHERMAN STREET  
HOLLYWOOD, FL 33020

SUBJECT: GUSTAVO SAGASTUME-INTERNATIONAL MEDIA, LLC  
Ref. Number: L07000057375

We have received your document for GUSTAVO SAGASTUME-INTERNATIONAL MEDIA, 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) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 508A00041845

*Thank you.*

*Alice Miller  
(954) 659-8308*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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. Name of the limited liability company: Gustavo Sagastume International Media
2. (a) Principal office address of limited liability company: 2040 Sherman Street  
Hollywood, FL 33020  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 2040 Sherman Street  
Hollywood, FL 33020  
**(Note: MAY BE POST OFFICE BOX)**

5/30/2007  
3. Date of filing/registration in Florida

L07000057375  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State
- Registered Agent: National Registered Agents
- Registered Office Address: P.O. Box 927  
West Windsor, NJ 08550-0927

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TALLAHASSEE  
FLORIDA

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

NEW Registered Agent: Gustavo Sagastume

NEW Registered Office Address: 2040 Sherman Street  
Hollywood, FL 33020  
**(MUST BE FLORIDA STREET ADDRESS)**

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.

Gustavo Sagastume  
(Signature of a member or authorized representative of a member)

Gustavo Sagastume  
(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.

Gustavo Sagastume  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00