## · L07000074518

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(Cit	y/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL:				
(Bu	siness Entity Na	me)				
(Do	cument Number	)				
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
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APR <b>22</b> 2008						
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Blim Productions LLC. (Name of	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
James N. Brandenburg (Name of Person)	ZOOB / SECR TALLA		
Blim Productions LLC.  (Firm/Company)	FILED  2008 APR 21 P 4: 2*  SECRETARY OF STATE ALLAHASSEE, FLORIDA		
2517 Valencia Dr.	U u: 2:		
(Address)	A. J.		
Sarasota, FI, 34239			
(City/State and Zip Code)	<del> </del>		
For further information concerning this matt	ter, please call:		
James N. Brandenburg	at (941 ) 587-0624		
(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	ng amount:		
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (8/05)

## 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 limit	ed liability comp	any is: James N	I. Brandenburg			
2. The mailing address of	of the limited liab	oility company i	s : 2517 Valencia	Dr. Saras	ota, FI,	, 34239
7-19-2007			LØ	7009	8Ø7	74518
3. Date of filing/registra		4. Document number				
5. The name of the regist Florida Department of		ne registered of	ice address as sh	nown on t	he reco	ords of the
	Corporation S	Service Comp	any			
		Name				
	1201 Hays St.					
	T-11.1	Address				
	Tallahasse, FI,	City, State and	d Zin	<u></u> ₹	26	
		• .	•	EQ.	2008	-magnet
6. The name and address	of the new regist	tered agent and	or office:	HA.	APR	
	James N. Brar	ndenbura		ASSE	2	m
		Name				
	2517 Valencia		I, 34239	F_C F_C	ס	
	Florida street	address (P.O. B	ox NOT accepta	ible 😸 🔀	÷	
	0		14004	AG	27	
	Sarasota,		34301	-		
		City, State and	Zip			
If the limited liability conconfirmed that after the cand the business office or liability company, it is he of the members of the lift or the operating agreeme the lift of the lift of the lift of the lift of the operating agreement.	change or changes of the registered as ereby confirmed to mited liability con nt of the limited l	s are made, the gent will be ide that the change(mpany or as oth liability company	Florida street ad ntical. Or, in the s) was/were autl terwise provided	dress of the case of a norized by	he regi Florid an afi	stered office la limited firmative vote
(Signature of a member or author	rized representative of	'a mynber)				
James N. Brandenburg	•					
(Printed or typed name of signee	)					
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or. if address, I hereby confirm (Signature of Registered Agent)	nintment as regist ns of all statules in ad accept the obli- this document is what the limited	tered agent and relative to the p igations of my p heing filed to n liability compa	agree to act in t roper and comp osition as regist erely reflect a c ny has been noti	his capac lete perfo ered ager hange in i fied in wr	ity. I f rmance of as pr he reg iting o	urther agree to e of my duties, ovided for in istered office f this change.
(/ Division	on of Componentic	one DA Doy 6	227 Tallahagga	. EI 23	214	

**FILING FEE: \$25.00** 

INHS18 (8/05)