

LO7000074817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

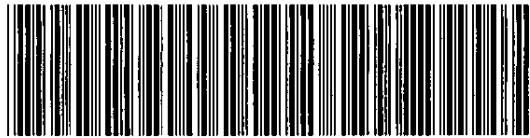
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09 AUG 25 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S. HAWKES
AUG 26 2009
EXAMINER

S. HAWKES
~~AUG 18 2009~~
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2009

ANTOINETTE LYNCH
15811 NW 11TH STREET
PEMBROKE PINES, FL 33028

SUBJECT: LABARB PRODUCTIONS, LLC
Ref. Number: L07000074817

We have received your document for LABARB PRODUCTIONS, LLC and your check(s) totaling \$70.00. 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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 809A00028021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LABARB PRODUCTIONS, LLC
Name of Corporation

DOCUMENT NUMBER: L07000074817

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Antoinette Lynch
Name of Contact Person

Firm/Company

15811 NW 11th Street
Address

Pembroke Pines, FL 33028
City/State and Zip Code

lyncha@fiu.edu
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antoinette Lynch at (954) 818-1739
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: LABARB PRODUCTIONS, LLC

2. (a) Principal office address of limited liability company: 15811 NW 11th Street

(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 15811 NW 11th Street

(Note: **MAY BE POST OFFICE BOX**)

FILED
09 AUG 25 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15811 NW 11th Street
Pembroke Pines, FL 33028
L07000074817

August 24, 2009

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: Antoinette Lynch

Registered Office Address: 841 Heritage Drive
Weston, FL 33326

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

NEW Registered Agent: Antoinette Lynch

NEW Registered Office Address: 15811 NW 11th Street
(MUST BE FLORIDA STREET ADDRESS) Pembroke Pines, FL 33028

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.

Antoinette Lynch
Signature of a member or authorized representative of a member

Antoinette Lynch
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.

Antoinette Lynch
Signature of Registered Agent

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