

L07000125333

1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

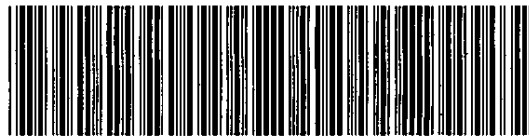
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100159173531

08/06/09--01025--002 \*\*35.00.

FILED  
09 AUG 18 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AUG 18 2009

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDIANOMALY, 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:

BRIAN LEDEBUR  
Name of Person

MEDIANOMALY, LLC  
Firm/Company

345 LEGACY PARK DRIVE  
Address

CASSELBERRY, FL 32707  
City/State and Zip Code

brian@medianomaly.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN LEDEBUR at ( 321 ) 276-1012  
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

ALREADY SENT \$35



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 10, 2009

BRIAN LEDEBUR  
345 LEGACY PARK DRIVE  
CASSELBERRY, FL 32707

SUBJECT: MEDIANOMALY LLC  
Ref. Number: L07000125333

We have received your document for MEDIANOMALY 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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 909A00027199

**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: MEDIANOMALY, LLC

2. (a) Principal office address of limited liability company:



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

345 LEGACY PARK DRIVE  
CASSELBERRY, FL 32707

(b) Mailing address of limited liability company:



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

345 LEGACY PARK DRIVE  
CASSELBERRY, FL 32707

3. Date of filing/registration in Florida

12/14/07

4. Document number

607000125393

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

Registered Agent:

BRIAN LEBEAU

Registered Office Address:

1198 POINTE NEWPORT TERR, NT. 210  
CASSELBERRY, FL 32707

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

**NEW Registered Agent:**

BRIAN LEBEAU

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

345 LEGACY PARK DRIVE  
CASSELBERRY, FL 32707

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

BRIAN LEBEAU  
Printed or typed name of signee

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

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

FILING FEE: \$25.00

FILED  
09 APR 16 AM 9:43  
TALLAHASSEE  
FLORIDA  
STATE  
DEPT. OF  
CORPORATIONS