

L08000008206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Big Picture Media, 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:

June Warner

Name of Person

Firm/Company

9361 SW 130 Street

Address

Miami, FL 33176

City/State and Zip Code

Jwarnersales@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

June Warner at (305) 256 6706

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2011

JUNE WARNER
9361 SW 130 STREET
MIAMI, FL 33176

SUBJECT: THE BIG PICTURE MEDIA L.L.C.
Ref. Number: L08000008206

We have received your document for THE BIG PICTURE MEDIA L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

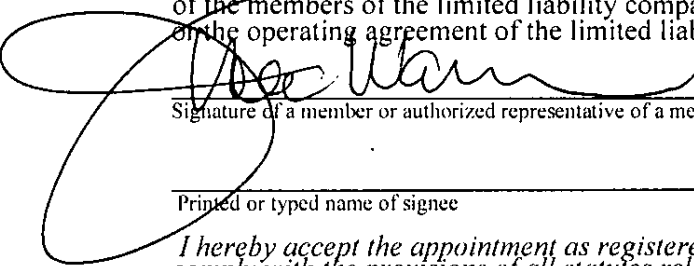
Letter Number: 011A00002445

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 Big Picture Media
2. (a) Principal office address of limited liability company: 9361 SW 130 St
Miami, FL 33176
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 13615 S. Dixie Hwy #325
Miami, FL 33176
(Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida: 1/23/08
4. Document number: LO8000008206
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Biz Filings
Registered Office Address: 8040 Excelsior Dr #200
Madison, WI 53717
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Jane Warner
NEW Registered Office Address: 9361 SW 130 St
(MUST BE FLORIDA STREET ADDRESS) Miami, FL 33176

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

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

(Already sent in \$35)

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