

208000041114

TODD MITTLEMAN
1308 DELRIDGE AVE
ORLANDO, FL 32804

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

JAN 19 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2011

TODD MITTLEMAN
1308 DELRIDGE AVE
ORLANDO, FL 32804

SUBJECT: EYEBURST MARKETING, LLC
Ref. Number: L08000041114

We have received your document for EYEBURST MARKETING, LLC and 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 811A00000630

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EYEBURST MARKETING, 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:

TODD MITTLEMAN
Name of Person

EYEBURST MARKETING LLC
Firm/Company

1308 DELRIDGE ST
Address

ORLANDO FL 32804
City/State and Zip Code

TMITTMAN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TODD MITTLEMAN at (407) 694-5922
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

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TALLAHASSEE, FLORIDA

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: EYE BURST MARKETING LLC

2. (a) Principal office address of limited liability company: 1308 DELRIDGE ST

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

ORLANDO, FL 32804

(b) Mailing address of limited liability company:

1308 DELRIDGE ST

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

ORLANDO, FL 32804

4/24/2008

3. Date of filing/registration in Florida

4. Document number

L08000041114

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

Registered Agent:

BUSINESS FILINGS INC

Registered Office Address:

1203 GOVERNORS SQUARE BLDG SUITE 101

TALLAHASSEE, FL 32301-2960

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

NEW Registered Agent:

TODD MITTLEMAN

NEW Registered Office Address:

1308 DELRIDGE ST

(**MUST BE FLORIDA STREET ADDRESS**)

ORLANDO, FL 32804

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

TODD MITTLEMAN

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity and 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