LD9000000388

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Charles Instructions to Ellins Office
Special Instructions to Filing Officer:
·

Office Use Only



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04/30/10--01025--025 **175.00



D. BRUCE
AUG 0 \$\frac{1}{4} 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2010

JAYARAM CHIGURUPATI 127 WEST BEARS CLUB DRIVE JUPITER, FL 33477

SUBJECT: BASKING LIONS ANIMATION, LLC

Ref. Number: L09000000388

We have received your document for BASKING LIONS ANIMATION, LLC and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

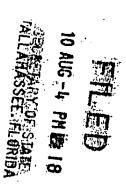
We are enclosing the proper form(s) with instructions for your convenience.

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: 010A00010892



COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: Basking Cinit	Any makin Led Liability Company	LC	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for f	filing.	
Please return all correspondence concerning this r	natter to the following:		
Jayaram Migu	rupuh'		
Balking Lion An Firm/Company 127 Lever Beau	inehim LC		
127 west Bear	n club prive		
Address	072	B	
Jupiter, PC -33477 City/State and Zip Code			
Jan @ hemarus, com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, ple	ease call:	A CO	
Joyanam Wigunps at (161 627 6412 Area Code & Daytime Telephone Num	nber	
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 Cop	у	

• 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.

0 0 1.1	A 1 11 11 C		
1. Name of the limited liability company:	pyon mincharce		
2. (a) Principal office address of limited liability compan	y: 127 west Beauchb Driv		
(Note: MUST BE STREET ADDRESS)	Transla 10/ 3200		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Sane ar above 4		
3. Date of filing/registration in Florida	<u>L0900000388</u> 4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	1) ARI service Dis		
Registered Office Address:	2731 Executive Park Dine		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Jayaram Miggrupati		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Dypiter FL 33477		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization		
Jargram Chigaraph			
Printed or typed name of signee			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.	garee to act in this canacity Figh ther garee to		
Signature of Registered Agent	•		

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