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(Address)

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M. THOMAS

FEB 17 2009

EXAMINER

108-2407

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael T. Bull 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:

Mike Bull
(Name of Person)

Michael T. Bull LLC
(Firm/Company)

1123 Rainwood Cir
(Address)

Palm Beach Gardens, FL 33410
(City/State and Zip Code)

For further information concerning this matter, please call:

David Back at (561) 478-4615
(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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2009

MIKE BULL
1123 RAINWOOD CIR.
PALM BEACH GARDENS, FL 33410

SUBJECT: BUZZ ENTERTAINMENT, LLC
Ref. Number: L08000002407

Michael T. Bull, LLC

We have received your document for ~~BUZZ ENTERTAINMENT, LLC~~ and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 109A00003941

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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: Michael T. Bull LLC

2. (a) Principal office address of limited liability company: 1123 RAINWOOD CIR.
(Note: MUST BE STREET ADDRESS) PALM BEACH GARDENS, FL 33410

(b) Mailing address of limited liability company: 1123 RAINWOOD CIR.
(Note: MAY BE POST OFFICE BOX) PALM BEACH GARDENS, FL 33410

01/08/2009

3. Date of filing/registration in Florida

L08000002407

4. Document number

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

Registered Agent: Michael T. Bull

Registered Office Address: 9363 Whippoorwill Trail
Juniper, FL 33458

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

NEW Registered Agent:

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

1123 Rainwood Cir.
Palm Beach Gardens, FL 33410

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)

MICHAEL T. BULL

(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 appointment 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

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TALLAHASSEE
FLORIDA