L09000052505

(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:

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SEP 30 2011

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIMELIGHT MULTIMEDIA, 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:

JONAH TRANICK
[redacted]
Name of Person

LIMELIGHT MULTIMEDIA, LLC
Firm/Company

7751 KINGSPOINTE PARKWAY, STE #128
Address

ORLANDO, FL 32819
City/State and Zip Code

[redacted] JTRANICK@ME.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONAH TRANICK at (407) 340-6859
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

August 12, 2011

JONAH A. TRAVICK
7751 KINGSPOINTE PARKWAY, STE. 128
ORLANDO, FL 32819

SUBJECT: LIMELIGHT MULTIMEDIA, LLC
Ref. Number: L09000052865

We have received your document for LIMELIGHT MULTIMEDIA, 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):

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: 211A00018998

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: LIMELIGHT MULTIMEDIA, LLC

2. (a) Principal office address of limited liability company: 7751 KINGSPOINTE PARKWAY #128

(Note: MUST BE STREET ADDRESS) ORLANDO, FL 32819

(b) Mailing address of limited liability company: 7751 KINGSPOINTE PARKWAY

(Note: MAY BE POST OFFICE BOX) #128
ORLANDO, FL 32819

5/29/09 — 3. Date of filing/registration in Florida

L09000052865 — 4. Document number

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

Registered Agent: JEROME PEDGLSEN

Registered Office Address: 1332 EPSON OAKS WAY
ORLANDO, FL 32837

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

NEW Registered Agent: DAMOND BROWN

NEW Registered Office Address: 7751 KINGSPOINTE PARKWAY #128
(MUST BE FLORIDA STREET ADDRESS)
ORLANDO, FL 32819

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

JONATH TRAVICK
Printed or typed name of signee

FILED
SEP 29 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

INHS18 (05/08)