

LI00000 86DS3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

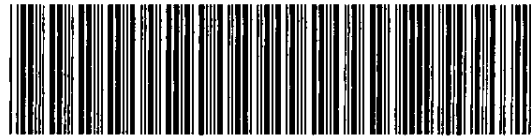
LI- 86DS3

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 13 AM 10:20

MAY 13 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Play Dead Murder Mysteries 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:

Dina Cole-DiPilato
Name of Person

Play Dead Murder Mysteries LLC
Firm/Company

234 Silver Falls Dr.
Address

Apollo Beach, FL. 33572dina100357@yahoo.com
City/State and Zip Code

dina100357@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dina DiPilato at (813) 641-2307
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

May 5, 2011

DINA COLE-DIPILATO
234 SILVER FALLS DRIVE
APOLLO BEACH, FL 33572

SUBJECT: PLAY DEAD MURDER MYSTERIES, LLC
Ref. Number: L10000086053

We have received your document for PLAY DEAD MURDER MYSTERIES, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE NAME IS #1 DOES NOT MATCH THE DOCUMENT NUMBER. YOU HAVE ALREADY MADE CHANGES WHEN YOU FILED THE 2011 ANNUAL REPORT. (SEE PRINTOUT)

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 111A00010957

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: Play Dead Murder Mysteries, LLC

2. (a) Principal office address of limited liability company: 234 Silver Falls Dr.

(Note: MUST BE STREET ADDRESS)

Apollo Beach, FL 33572

(b) Mailing address of limited liability company: 234 Silver Falls Dr.

(Note: MAY BE POST OFFICE BOX)

Apollo Beach, FL 33572

August 17, 2010

3. Date of filing/registration in Florida

L10000086053

4. Document number

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

Registered Agent: Adam Cooper

Registered Office Address: Corporation Service Company
1201 Hayes Street
Tallahassee FL 32301

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

NEW Registered Agent: Dina DiPilato

NEW Registered Office Address: 234 Silver Falls Dr.

(MUST BE FLORIDA STREET ADDRESS) Apollo Beach, FL 33572

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.

Dina DiPilato
Signature of a member or authorized representative of a member

Dina DiPilato

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 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.

Dina DiPilato
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00