L10000116027

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE
TAIL AHASSEE, FLORID

N. Gullisan APR - 6 20121

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TSN MARKETTNG 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:		
Name of Person		
JSN MARKETTNG LLC Firm/Company		
3278 SANDY RIDGE DR Address		
CLEARWATER FL 3376/ City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
TAMES NELSON at (727) 366-9319 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 & Certified Copy		



March 13, 2012

JAMES S. NELSON 3278 SANDY RIDGE DRIVE CLEARWATER, FL 33761

SUBJECT: JSN MARKETING LLC Ref. Number: L10000116027

We have received your document for JSN MARKETING 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):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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) 245-6051.

Letter Number: 712A00009209

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

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 ordered agent, or both, in the State of Florida.	der to change its registered office or registered
1. Name of the limited liability company:	N MARKETING LLC
2. (a) Principal office address of limited liability compa	ny: 3278 SANDY RIDGE DR
(Note: MUST BE STREET ADDRESS)	CLEARWATER, FL 3376/
(b) Mailing address of limited liability company:	3278 SANDY RIDGEDR.
(Note: MAY BE POST OFFICE BOX)	CLEARWATER, FL 3376/
1/08/21/0 3. Date of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown or	
	IN ITED STATES CORPORATION AGENTS, INC
Registered Office Address:	13302 WINDING DAKS BLUD SUITE A TAMPA, FL 33688
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:
<u>NEW</u> Registered Agent:	JAMES S. NEZSON
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3278 SANDY RIDGE DR. CLEARWATER FL 33761 FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other 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 ntical. Or, in the case of a Florida mitted s) was/were authorized by an affirmative vote erwise provided in the artic so organization—
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, Lhereby confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, so it is a registered agent as provided for in serely reflect a change in the registered office ny has been notified in writing of this change.

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

Signature of Registered Agent