

L11000017057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

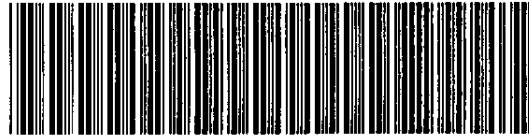
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

11 AUG 30 2011:09

FILED

B. BOSTICK  
AUG 31 2011  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Musical Me Theater, 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:

Scott McPherson

Name of Person

Musical Me Theater, LLC

Firm/Company

9200 NW 39th Ave Suite 130-214

Address

Gainesville, FL 32606

City/State and Zip Code

musicalmetheater@cox.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott McPherson

Name of Person

at ( 352 )

870-8292

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

FILED  
11 AUG 30 AM 11:09  
TALLAHASSEE, FLORIDA

**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: Musical Me Theater, LLC

2. (a) Principal office address of limited liability company: Musical Me Theater, LLC

**(Note: MUST BE STREET ADDRESS)**

9200 NW 39th Ave Suite 130-214  
Gainesville, FL 32606

(b) Mailing address of limited liability company:

Musical Me Theater, LLC

**(Note: MAY BE POST OFFICE BOX)**

9200 NW 39th Ave Suite 130-214  
Gainesville, FL 32606

05/01/2011

L11000017057

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Ashley McPherson

Registered Office Address:

9200 NW 39th Ave Suite 130-214  
Gainesville FL 32606

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

NEW Registered Agent:

Scott McPherson

NEW Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

9200 NW 39th Ave Suite  
Suite 130-214

Gainesville, FL 32606

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.

Scott McPherson  
Signature of a member or authorized representative of a member

Scott McPherson

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.*

Scott McPherson  
Signature of Registered Agent

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

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2011

SCOTT MCPHERSON  
MUSICAL ME THEATER, LLC  
9200 NW 39TH AVENUE, SUITE 130-214  
GAINESVILLE, FL 32606

SUBJECT: MUSICAL ME THEATER LLC  
Ref. Number: L11000017057

We have received your document for MUSICAL ME THEATER 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):

The document must be signed by a member or an authorized representative of a member.

The registered agent must sign accepting the designation.

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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 711A00018871