

L12000114285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

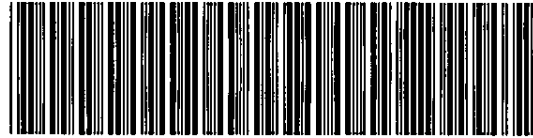
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
14 OCT -2 AM 10:25

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dual Legacy Entertainment, 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:

Richard A. Vartigian

Name of Person

Seniors Tax & Accounting Services, Inc

Firm/Company

2345 14th Avenue, Suite 3

Address

Vero Beach, FL 32960

City/State and Zip Code

seniorstax@hotmail.com

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

For further information concerning this matter, please call:

Jonathan Lippe

Name of Person

at ( 954 ) 594-2994

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

September 11, 2014

RICHARD VARTIGIAN  
SENIORS TAX & ACCOUNTING SERVICES, INC.  
2345 14TH AVE - STE. 3  
VERO BEACH, FL 32960

SUBJECT: DUAL LEGACY ENTERTAINMENT LLC  
Ref. Number: L12000116285

We have received your document for DUAL LEGACY ENTERTAINMENT 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 914A00019471

RECEIVED  
14 OCT -2 AM 11:00  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Dual Legacy Entertainment, LLC

2. (a) 5458 Barbados Square, Vero Beach, FL 32960 (b) Same

Principal office address of limited liability company:

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

Mailing address of limited liability company:

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

9/11/2012

3. Date of filing/registration in Florida

L12000116285

4. Document number

5. (a) United States Corporation Agents, Inc

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oaks Court

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Suite A

Tampa, FL 33612

(b) Richard A. Vartigian

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

Seniors Tax & Accounting Services, Inc

**NEW** Registered Office Address:

2345 14th Avenue, Suite 3

Vero Beach, FL 32960

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DIVISION OF CORPORATIONS  
14 OCT -2 PM 10:25

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.

Jonathan Lippe

Signature of a member or authorized representative of a member

Jonathan Lippe, President

Printed or typed name of signee

*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 605, 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.*

Richard A. Vartigian  
Signature of Registered Agent

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