L14000075691

(Re	questor's Name)	.
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	



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Office Use Only

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April 20, 2017

LARRY CAGE 11762 TEMPEST HARBOR LOOP VENICE, FL 34292

SUBJECT: ROADSIDE LLAMA STUDIOS LLC

Ref. Number: L14000075691

We have received your document for ROADSIDE LLAMA STUDIOS 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 - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. 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) 245-6051.

Letter Number: 317A00007731

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations
SUBJECT: Rondside Upma Station UC 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:
Larry Cage. Nature of Person
Roadside Usma Studios UC Firm/Company
11762 Tempest Harbor Loop.
Venice FL 34292 City/State and Zip Code
Supporte Roadside II and Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lary Case at (94) 244 7391 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

STÄTEMENT 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.

	Roadoin 11ama Station 11C
1. N	ame of the limited liability company: PCOOSICE, WOUND THATOS US
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Venice FL 34292
	5/9/14 LIH0000 75691
3.	Date of filing/registration in Florida 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 Oak Court A
	Registered Office Address AUST BE FLORIDA STREET ADDRESS
	Tampa FL 33612
	, FL
	10 - Co 10 11 11 11 11 11 11 11 11 11 11 11 11
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	This haile of the Wegistered Agent and of the Wegistered Office Indians.
	11762 Tempest Harbon Loop
	NEW Registered Office Address:
	Venice FL 31292
	, FL
If the	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
agent	ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in tiples of organization or the operating agreement of the limited liability company.
1	Larry Case
_	ature of a member or authorized representative of a member Printed or yped name of signee
provis the ob to men	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been thin writing of this change.
Signar	(re of Registered Ageny)

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