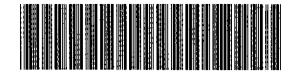
## L14000091252

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	. MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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C. LEWIS

SEP IF 2014

EXAMINER





## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2014

JOSEPH DEL GROSSO / TOP TEN PRODUCTIONS 401 NW 108TH TERRACE PEMBROKE PINES, FL 33026 US

SUBJECT: TOP TEN PRODUCTIONS, LLC

Ref. Number: L14000091252

We have received your document for TOP TEN PRODUCTIONS, 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 the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 514A00018884

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

Division of Corporations				
SUBJECT: Name of Lin	Roboctious U.C. nited 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:				
Joseph DE GR	055 O			
TOP TEN PRO DUCTIONS LLC Firm/Company				
401 NW 108 44 TERR				
Peup Robe Pives FL 33026 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
DE CROSS Dat (954) 82281/3 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			

INHS18 (2/14)

## 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. Na	ame of the limited liability company:	N PRODUCTIO	US UC
2. (a)	HOLUWIOSTERN Principal office address of limited liability company:	b) 401 We Mailing address of limite	108hTeA
	Jenproke Pives	Jenprole P	wes
	FLORICIA 35026	- Larich	53026
3.	Date of filing/registration in Florida 4.	L 140000 Document number	912.52
5. (a)	Registered Agent and Registered Office shown on the records of the Florid	Leve C ESG a Dept. of State:	
	·	•	+ <i>t-</i>
	Registered Office Address  (MUST BE FLOFID 4 STREET ADDRESS  A 1 1 5 1 1 A 1 1 5 0 C 1 1 5 0 C 1 1 5 0 C 1 1 5 0 C 1 1 5 0 C 1 1 5 0 C 1 1 5 0 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n/e Beach R	1vd. 704
	MANACOAIS BEAGL	FL 33007	•
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office ad	ddress:	
	93015W 7th ST	<b></b>	માર્ગેડ્રેંફ <b>14</b> SE
. !	NEW Registered Office Address:		P 16 P
:	, FL	3025	# 12: 3!
the cha	imited liability company is not organized under the laws of the inge or changes are made, the Florida street address of the regional be identical. Or in the case of a Florida limited liability contains the case of a Florida limited liability or the case of a Florida liability or the case of a Florida limited liability or the case of a Florida liability or the case	stered office and the business of	fice of the registered
was/we the arti	ere authorized by an affirmative yote of the members of the linicles of organization of the operating agreement of the limited	nited liability company or as other liability company.	erwise provided in
	ture of a morpher of authorized representative of a member	Printed or typed name of	
provisi the obli to mere	by accept the appointment as registered agent and agree to actions of all statutes relative to the proper and complete perform igations of my position as registered agent as provided for invely reflect a change in the registered office address, I hereby call in writing of this change.	t in this capacity. I further agred ance of my duties, and I am fam Chapter 605, F.S. Or, if this doc onfirm that the limited liability c	e to comply with the iliar with and accept rument is being filed rompany has been
Signatur	John napole		