

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084120

FILED  
Jun 06, 2007  
Secretary of State

Entity Name: INSTYLE CUTTING II, L.L.C.

**Current Principal Place of Business:**

8841 N. BERMUDA DRIVE  
MIRAMAR, FL 33025

**New Principal Place of Business:**

21455 NW 2ND AVE.  
MIAMI, FL 33169

**Current Mailing Address:**

8841 N. BERMUDA DRIVE  
MIRAMAR, FL 33025

**New Mailing Address:**

150 TUDOR WAY  
SENOIA, GA 30276

FEI Number: 52-2459626      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GREEN, RONNI SUE ESQ  
PEMBROKE PINES PROFESSIONAL CENTRE  
9050 PINES BOULEVARD, SUITE #359  
PEMBROKE PINES, FL 33024 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRAHAM, PETER  
Address: 21455 N.W. 2ND AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: MGRM ( ) Delete  
Name: COLE, PAUL  
Address: 21455 N.W. 2ND AVENUE  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GRAHAM, PETER  
Address: 150 TUDOR WAY  
City-St-Zip: SENOIA, GA 30276

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PETER GRAHAM

OWNE

06/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date