

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084120

FILED
Mar 10, 2008
Secretary of State

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

Current Principal Place of Business:

21455 NW 2ND AVE.
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

150 TUDOR WAY
SENOIA, GA 30276

New Mailing Address:

FEI Number: 52-2459626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: 150 TUDOR WAY
City-St-Zip: SENOIA, GA 30276

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

ADDITIONS/CHANGES:

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

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

03/10/2008

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