2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90161 012 ****50.00

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03132007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000104779

1. Entity Name
HALON WEDDING PHOTOGRAPHY, LLC

Principal Place of Business	Mailing Address
2942 RISSER AVENUE ORLANDO, FL 32812	2942 RISSER AVENUE ORLANDO, FL 32812

X 2. Principal Place of Business - No P.O. Box #: 4016 Lake Underhill Rd.
Suite, Apt. #, etc.: H
City & State: Orlando, FL
Zip: 32803 Country: Orange

X 3. Mailing Address: 4016 Lake Underhill Rd.
Suite, Apt. #, etc.: H
City & State: Orlando, FL
Zip: 32803 Country: Orange

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HALON, RINAT
2942 RISSER AVENUE
ORLANDO, FL 32812

X 7. Name and Address of New Registered Agent

Name: Halon Wedding Photography, LLC
Street Address (P.O. Box Number is Not Acceptable): 4016-H Lake Underhill Rd.
City: Orlando FL Zip Code: 32803

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] RINAT HALON 3.18.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			X 10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALON, RINAT 2942 RISSER AVENUE ORLANDO, FL 32812	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Halon Wedding Photography LLC 4016-H Lake Underhill Rd. Orlando, FL 32803	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] RINAT HALON 3.18.07 407.384.0074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #