

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038991

FILED
Feb 04, 2008
Secretary of State

Entity Name: ATELIERS PRODUCTIONS, LLC

Current Principal Place of Business:

2333 BRICKELL AVENUE, #1915
MIAMI, FL 33129

New Principal Place of Business:

900 NE 71 ST
MIAMI, FL 33138

Current Mailing Address:

2333 BRICKELL AVENUE, #1915
MIAMI, FL 33129

New Mailing Address:

900 NE 71 ST
MIAMI, FL 33138

FEI Number: 20-4786361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEUSS CONSULTING GROUP LLC
2333 BRICKELL AVENUE, #1915
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

BANOS, JAVIER
3400 CORAL WAY SUITE 601
MIAMI, FL 33145 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: JAVIER BANOS

02/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BALLERINI, ALEXANDRE
Address: 2333 BRICKELL AVENUE, #1915
City-St-Zip: MIAMI, FL 33129

Title: MGR () Delete
Name: BALLERINI, MATTIA
Address: 2333 BRICKELL AVENUE, #1915
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BALLERINI, ALEXANDRE
Address: 700 NE 71 ST
City-St-Zip: MIAMI, FL 33138

Title: MGR (X) Change () Addition
Name: BALLERINI, MATTIA
Address: 700 NE 71 ST
City-St-Zip: MIAMI, FL 33138

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: ALEXANDRE BALLERINI

PD

02/04/2008

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