

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015169

FILED
Apr 30, 2009
Secretary of State

Entity Name: SAVAGE TALENT & MODEL MANAGEMENT, LLC

Current Principal Place of Business:

1065 DORADO DRIVE
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1065 DORADO DRIVE
ST. AUGUSTINE, FL 32086

New Mailing Address:

PO BOX 1808
ST. AUGUSTINE, FL 32085

FEI Number: 20-8503204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVAGE, MONA K
2085 A1A SOUTH
SUITE 205
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

SAVAGE, MONA K
1065 DORADO DRIVE
ST. AUGUSTINE, FL 32085 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: MONA K SAVAGE

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAVAGE, MONA K
Address: 2085 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM () Delete
Name: SAVAGE, TISHA M
Address: 2085 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAVAGE, MONA K
Address: PO BOX 1808
City-St-Zip: ST. AUGUSTINE, FL 320805

Title: MGRM (X) Change () Addition
Name: SAVAGE, TISHA M
Address: PO BOX 1808
City-St-Zip: ST. AUGUSTINE, FL 32085

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: MONA K SAVAGE

MGR

04/30/2009

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