2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 16, 2008 8:00 am Secretary of State

1. Entity Name PATRICIA ROSE STUDIO, LLC					04-16-2008	90119 01	1 ***13	8.75
Principal Place of Business 10018 46TH AVE WEST BRADENTON, FL 34210		Mailing Address 10018 46TH AVE WEST BRADENTON, FL 34210				5(M938	833
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		PO 150x 716 Suite, Apt. #, etc.		04062008	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State CORTEZ FL		4. FEI Numbe		••		pplied For
Zip	Country		Country		of Status Desired		5.00 Add	titional
	6. Name and Address of Current			7. Name and	Address of New Re	egistered Ag	jent	
DOSE DA	TOIOIA		Name					
	TRICIA THAVE. WEST TON, FL 34210		Street Addres	(P.O. Box Number is Not Acceptable)				
· ·								
*			City			FL	Zip Cod	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re-	gistered office or regis	tered agent, or bot	h, in the State of Flo	rida. Iam fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	Registered Agent signature requ	ired when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State				
		5						9
			10.			Departmei		9
After May	MANAGING MEMB		TITLE		Florida	Departmen CHANGES		e ☐ Addition
9. TITLE NAME	MANAGING MEMBING MRG ROSE, PATRICIA	ERS/MANAGERS	TITLE NAME		Florida	Departmen CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBI MRG ROSE, PATRICIA 10018 46TH AVE. W	ERS/MANAGERS	TITLE NAME STREET ADDRESS		Florida	Departmen CHANGES	nt of State	
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11. I hereby certify that the information supplied with this filling 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: PATRICE PARTICLE PATRICE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZE

ATRICIA ROSE

4-14-08 941-580-3900

Daytime Phone #