2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# L03000014488

Entity Name: SHADES OF RHYTHM SCHOOL OF DANCE, LLC

Current Principal Place of Business:

12315 PEMBROKE ROAD
PEMBROKE PINES, FL 33025 US

New Principal Place of Business:

8910 MIRAMAR PARKWAY
SUITE 314
MIRAMAR, FL 33025 US

Current Mailing Address:

12315 PEMBROKE ROAD
PEMBROKE PINES, FL 33025

New Mailing Address:

8910 MIRAMAR PARKWAY
SUITE 314
MIRAMAR, FL 33025

FEI Number: 75-3114707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DASH, KATHIA L OWNER
2913 SW 174 AVENUE
MIRAMAR, FL 33029 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: DASH, KATHIA L
Address: 2913 SW 174TH AVENUE
City-St-Zip: MIRAMAR, FL 33029 US

Title: MGRM ( ) Delete
Name: LECONTE, MARIE
Address: 16573 NW 23 STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: MARIE LECONTE MGRM 07/03/2007

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