# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 15, 2005**
**Secretary of State**

DOCUMENT# L03000015436

**Entity Name:** PROSTYLE PRODUCTIONS, LLC

**Current Principal Place of Business:**

15181 HARROWGATE WAY
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

15181 HARROWGATE WAY
WINTER GARDEN, FL 34787

**New Mailing Address:**

**FEI Number: 81-0609227** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**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:**

SANTELISES, ALEX
15181 HARROWGATE WAY
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

SANTELISES, ALEXANDER R
15181 HARROWGATE WAY
WINTER GARDEN, FL 34787 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: ALEXANDER R SANTELISES 07/15/2005
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: SANTELISES, ALEX
Address: 15181 HARROWGATE WAY
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: SANTELISES, ALEXANDER R MGR
Address: 15181 HARROWGATE WAY
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALEXANDER R. SANTELISES MGR 07/15/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date