

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000023678

1. Entity Name  
MY LITTLE ARTIST L.L.C.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 09 AM 10:03

Principal Place of Business  
5703 RED BUG LAKE ROAD, SUITE 169  
WINTER SPRINGS, FL 32708

Mailing Address  
5703 RED BUG LAKE ROAD, SUITE 169  
WINTER SPRINGS, FL 32708



01092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
05-0576801

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGENTS AND CORPORATIONS, INC.  
773 4TH AVENUE NORTH, SUITE E  
NAPLES, FL 34102

Name  
Rene A. Melone

Street Address (P.O. Box Number is Not Acceptable)

2648 Rainbow Springs Lane

City  
Orlando

FL

Zip Code  
32828

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
Rene A. Melone

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-04

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MARY TOLES  
406 BARRYWOOD LN  
CASSELBERRY, FL 32707 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Kelly Litwinczuk  
252 FAHLEN PALM DR.  
CASSELBERRY, FL 32707 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MARK MELONE  
2648 RAINBOW SPRINGS LANE  
ORLANDO, FL 32828 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
9000259294850  
01/05/04--01024--020 \*\*35.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Eric J. Olsen  
168 SAGE CIRCLE PO BOX 1074  
CRYSTAL BEACH, FL 34681 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
03/09/04--01062--002 \*\*15.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Eric J. Olsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/20/04 (727) 785-0363

Date

Daytime Phone #