

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026755

Entity Name: KRISTI SAUNIG, LLC

FILED
Apr 15, 2007
Secretary of State

Current Principal Place of Business:

471 CYPRESS POINTE DRIVE EAST
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

471 CYPRESS POINTE DRIVE EAST
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 20-0105513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUNIG, KRISTI L
471 CYPRESS PT. DR. E.
PEMBROKE PINES, FL 33027 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: MGR () Delete
Name: SAUNIG, KRISTI L
Address: 471 CYPRESS POINTE DRIVE EAST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: S () Delete
Name: ERICKSON, ERIN S
Address: 471 CYPRESS POINTE DRIVE EAST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T () Delete
Name: SAUNIG, KRISTI L
Address: 471 CYPRESS POINTE DRIVE EAST
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: KRISTI L. SAUNIG

MGR

04/15/2007

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