2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# L03000026755

Entity Name: KRISTI SAUNIG, LLC

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 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 03/26/2009

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