

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000026755

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**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  
**Name:** SAUNIG, KRISTI L  
**Address:** 471 CYPRESS POINTE DRIVE EAST  
**City-St-Zip:** PEMBROKE PINES, FL 33027

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

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

I hereby 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 SAUNIG/MGR

MGR

02/07/2012

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