

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV -2 AM 9:29

DOCUMENT # L04000041059					
1. Entity Name PASTRY STUDIO, LLC					
Principal Place of Business 311 SEABREEZE BLVD. DAYTONA BEACH, FL 32118			Mailing Address 311 SEABREEZE BLVD. DAYTONA BEACH, FL 32118		
2. Principal Place of Business		3. Mailing Address		4. FEI Number 20-1242860	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For ☐ Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Zip	Country	Zip	Country	57132005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent BROCK, JEFFREY P 444 SEABREEZE BLVD, STE. 900 DAYTONA BEACH, FL 32118				7. Name and Address of New Registered Agent Sherrri Meyers 119 N. HALIFAX AVE DAYTONA BEACH, FL 32118	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER SHERRI MEYERS 719 N. HALIFAX AVE. DAYTONA BEACH, FL 32118 ☐ 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	100061112221 11/02/05--01030--008 **50.00 ☐ Change ☐ Addition	
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	REINSTATEMENT 2005 ☐ Change ☐ Addition	
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)(b), 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: _____ Date: July 13, 2005					