## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000043413

1. Entity Name
SONLIGHT PHOTOGRAPHY, LLC



Principal Place of Business

197 N. ECONLOCKHATCHEE TRAIL ORLANDO, FL 32825

Mailing Address

197 N. ECONLOCKHATCHEE TRAIL ORLANDO, FL 32825

## FILED Mar 24, 2008 8:00 am Secretary of State

03-24-2008 90238 021 \*\*\*138.75

**EDDIPLOR** 



03162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 20-1274442 Not Applied For Not Applicable

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

7 to 1 46

6. Name and Address of Current Registered Agent

NICHOLS, DALE R 197 N. ECONLOCKHATCHEE TRAIL ORLANDO, FL 32825

SIGNATURE: ~

DO	NOT	WRITE
ÍN	THIS	SPACE

3-20-08

Date

Daytime Phone #

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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS	1. 第24年的中华		A CO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLS, DALE R 197 N. ECONLOCKHATCHEE TRAIL ORLANDO, FL 32825				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, COREY R 197 N. ECONLOCKHATCHEE TRAIL ORLANDO, FL 32825				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	-	DO NO	T WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SSPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE