

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053608

FILED  
Mar 15, 2011  
Secretary of State

Entity Name: STUDIO 5 6 7 8 LLC

**Current Principal Place of Business:**

3364 SOUTHPORT RD.  
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

**Current Mailing Address:**

3364 SOUTHPORT RD.  
KISSIMMEE, FL 34746 US

**New Mailing Address:**

FEI Number: 20-1551640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FITZGIBBONS, MARY E  
209 S. CLYDE AVE.  
KISSIMMEE, FL 34741 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: MGRM  
Name: ASPESLET-POZAR, JULIE E  
Address: 2637 EAGLE MEADOW LN.  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM  
Name: POZAR, MICHAEL A  
Address: 2637 EAGLE MEADOW LN.  
City-St-Zip: KISSIMMEE, FL 34746

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: MICHAEL POZAR

MNGR

03/15/2011

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