

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079042

Entity Name: RENDERINGS.COM LLC

FILED  
May 05, 2009  
Secretary of State

**Current Principal Place of Business:**

283 CRANES ROOST BLVD  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

283 CRANES ROOST BLVD  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 11-3195259      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

DHANANI, ALYKHAN  
283 CRANES ROOST BLVD  
ALTAMONTE SPRINGS, FL 32701      US

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 ( ) Delete  
Name: ALYKHAN DHANANI  
Address: 283 CRANES ROOST BLVD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM ( ) Delete  
Name: ARCHITECTURAL RENDERINGS LLC  
Address: 4570 LAKE ORLANDO PKWY  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES:**

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: ALYKHAN DHANANI

MGRM

05/05/2009

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