2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 22, 2009
Secretary of State

DOCUMENT# L04000081267

Entity Name: STUDIO MIRAGE LLC

Current Principal Place of Business:

112 N. PINE AVE.
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

112 N. PINE AVE.
INVERNESS, FL 34450 US

New Mailing Address:

FEI Number: 42-1677377 **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:

COSMO, MICHAEL
103 US HIGHWAY 41 S
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

COSMO, MICHAEL
112 N. PINE AVE.
INVERNESS, FL 34450 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: 09/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COSMO, MICHAEL
Address: 112 N. PINE AVE.
City-St-Zip: INVERNESS, FL 34450 US

Title: MGR ( ) Delete
Name: BELLIVEAU, SHERRY A
Address: 112 N. PINE AVE.
City-St-Zip: INVERNESS, FL 34450 US

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: MICHAEL COSMO MGR 09/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date