

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084120

FILED
Jun 06, 2007
Secretary of State

Entity Name: INSTYLE CUTTING II, L.L.C.

Current Principal Place of Business:

8841 N. BERMUDA DRIVE
MIRAMAR, FL 33025

New Principal Place of Business:

21455 NW 2ND AVE.
MIAMI, FL 33169

Current Mailing Address:

8841 N. BERMUDA DRIVE
MIRAMAR, FL 33025

New Mailing Address:

150 TUDOR WAY
SENOIA, GA 30276

FEI Number: 52-2459626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

GREEN, RONNI SUE ESQ
PEMBROKE PINES PROFESSIONAL CENTRE
9050 PINES BOULEVARD, SUITE #359
PEMBROKE PINES, FL 33024 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: GRAHAM, PETER
Address: 21455 N.W. 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

Title: MGRM () Delete
Name: COLE, PAUL
Address: 21455 N.W. 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GRAHAM, PETER
Address: 150 TUDOR WAY
City-St-Zip: SENOAIA, GA 30276

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: PETER GRAHAM

OWNE

06/06/2007

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