

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000028453

FILED
Apr 16, 2009
Secretary of State**Entity Name:** ARTISTIC SCIENCE LLC**Current Principal Place of Business:**5760 SHIRLEY ST.
#18
NAPLES, FL 34109**New Principal Place of Business:**2025 J&C BLVD
UNIT #8
NAPLES, FL 34109**Current Mailing Address:**5760 SHIRLEY ST.
#18
NAPLES, FL 34109**New Mailing Address:**2025 J&C BLVD
UNIT #8
NAPLES, FL 34109**FEI Number:** 11-3746183**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARTIN, RONALD T
720 24TH AVE NW
NAPLES, FL 341203356 US**Name and Address of New Registered Agent:**SHARPE, DAVID L
27269 ELWOOD DR
BONITA SPRINGS, FL 34135 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: DAVID L. SHARPE

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: SHARPE, DAVID L
Address: 27269 ELWOOD DR.
City-St-Zip: BONITA SPRINGS, FL 34135Title: MGRM (X) Delete
Name: MARTIN, RONALD T
Address: 720 24TH AVE NW
City-St-Zip: NAPLES, FL 341203356**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: DAVID L. SHARPE

MGRM

04/16/2009

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