# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 08, 2007**
**Secretary of State**

DOCUMENT# L05000047232

**Entity Name:** ART & SOLES, L.L.C.

**Current Principal Place of Business:**

4606 CLYDE MORRIS BLVD.
SUITE 2-A
PORT ORANGE, FL 32129

**New Principal Place of Business:**

**Current Mailing Address:**

4606 CLYDE MORRIS BLVD.
SUITE 2-A
PORT ORANGE, FL 32129

**New Mailing Address:**

**FEI Number: 20-2854317** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

POLIZZI, KRISTIN
4606 CLYDE MORRIS BLVD.
SUITE 2-A
PORT ORANGE, FL 32129 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: MGR ( ) Delete
Name: POLIZZI, KRISTIN
Address: 4606 S. CLYDE MORRIS BLVD SUITE 2-A
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR ( ) Delete
Name: BALL, KIMBERLY
Address: 4606 S. CLYDE MORRIS BLVD
City-St-Zip: PORT ORANGE, FL 32129

**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 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: KIMBERLY BALL MGR 01/08/2007

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