



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90239 006 ***138.75

DOCUMENT # L05000048524					
1. Entity Name CHERRY PIE ART STAMPS, LLC					
Principal Place of Business 12676 RIDGE ROAD LARGO, FL 33778 US			Mailing Address 12676 RIDGE ROAD LARGO, FL 33778 US		
2. Principal Place of Business - No P.O. Box # 11204 126th Ave.		3. Mailing Address P.O. Box 8744			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02192008 Chg-LLC CR2E083 (12/06)	
City & State Largo, FL		City & State Seminole, FL		4. FEI Number 20-2842409	
Zip 33778		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LENZINO, MARINA 12676 RIDGE ROAD LARGO, FL 33778		7. Name and Address of New Registered Agent Name: Lenzino, Marina Street Address (P.O. Box Number is Not Acceptable): 11204 126th Ave. City: Largo FL Zip Code: 33778			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Marina Lenzino</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LENZINO, MARINA 12676 RIDGE ROAD LARGO, FL 33778	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Lenzino, Marina 11204 Ridge Road Largo, FL 33778
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Marina Lenzino</u>			3/8/2008 727 5592497		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		