

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90013 016 ****50.00

DOCUMENT # L05000059053

1. Entity Name
JANINE STONE PHOTOGRAPHY, LLC



Principal Place of Business
**10170 N. KENDALL DRIVE
UNIT #301
MIAMI, FL 33176 US**

Mailing Address
**10170 N. KENDALL DRIVE
UNIT #301
MIAMI, FL 33176 US**

2. Principal Place of Business - No P.O. Box #
8600 SW 145 St

3. Mailing Address
8600 SW 145 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palmetto Bay FL

City & State
Palmetto Bay FL

Zip
33158

Country
USA

Zip
33158

Country
USA

04252007 Chg-LLC CR2E083 (12/06)



4. FEI Number
20-3038935

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**STONE, JANINE G
10170 N. KENDALL DRIVE
UNIT #301
MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name
Stone Janine G
Street Address (P.O. Box Number is Not Acceptable)
8600 SW 145 St
City
Palmetto Bay FL Zip Code
33158

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 **Janine Stone**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STONE, JANINE G
10170 N. KENDALL DRIVE #301
MIAMI, FL 33176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Stone, Janine G
8600 SW 145 St
Palmetto Bay, FL 33158** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Janine Stone

1/6/07

305-903-5126