

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061130

Entity Name: STUDIO ÉCLAIRAGE, LLC

FILED
May 02, 2008
Secretary of State

Current Principal Place of Business:

1110 3RD STREET SOUTH
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

15344 SHERWOOD FOREST DRIVE
TAMPA, FL 33647 US

Current Mailing Address:

PO BOX 2136
ST PETERSBURG, FL 337312136 US

New Mailing Address:

15344 SHERWOOD FOREST DRIVE
TAMPA, FL 33647 US

FEI Number: 20-3075259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

ALIO, KELLY L S
1110 3RD STREET SOUTH
ST PETERSBURG, FL 33701 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: MGRM () Delete
Name: ALIO, KELLY L S
Address: PO BOX 2136
City-St-Zip: ST PETERSBURG, FL 337312136 US

Title: MGRM () Delete
Name: ALIO, JOHN P
Address: PO BOX 2136
City-St-Zip: ST PETERSBURG, FL 337312136 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ALIO, JOHN P KELLY A
Address: PO BOX 2136
City-St-Zip: ST PETERSBURG, FL 337312136 US

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: KELLY LS ALIO

MGRM

05/02/2008

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