

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100501

Entity Name: AMENSTUDIO, LLC

FILED  
Mar 25, 2009  
Secretary of State

**Current Principal Place of Business:**

962 SW FENWAY RD  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

407-A EAST OCEAN BLVD  
STUART, FL 34996

**Current Mailing Address:**

962 SW FENWAY RD  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

407-A EAST OCEAN BLVD  
STUART, FL 34996

FEI Number: 84-1692779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MENDES, ARISTIDES M  
962 SW FENWAY RD  
PORT ST LUCIE, FL 34953 US

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

MENDES, ARISTIDES M  
1714 ELKHEART TERRACE  
PORT ST LUCIE, FL 34952-500 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:

03/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MENDES, ARISTIDES M  
Address: 962 SW FENWAY RD  
City-St-Zip: PORT ST LUCIE, FL 34953

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MENDES, ARISTIDES M  
Address: 1714 ELKHEART TERRAE  
City-St-Zip: PORT ST LUCIE, FL 34952-500

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: ARISTIDES MENDES

PRES

03/25/2009

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