

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90152 028 ***138.75

DOCUMENT # L05000102027					
1. Entity Name STUDIO 360, LLC					
Principal Place of Business 5200 W. NEWBERRY RD. STE. E-6 GAINESVILLE, FL 32607			Mailing Address 13009 N.W. 112TH AVENUE ALACHUA, FL 32615		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5200 W. Newberry Rd. Ste. E-6			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Gainesville, Florida		4. FEI Number 20-3697386	
Zip		Zip 32607		Country USA	
6. Name and Address of Current Registered Agent CIHLAR, STACEY L MS. 13009 N.W. 112TH AVENUE 5200 W. Newberry Rd Ste E6 ALACHUA, FL 32615 Gainesville, FL 32607				7. Name and Address of New Registered Agent Name CIHLAR, STACEY L MS. Street Address (P.O. Box Number is Not Acceptable) 5200 W. Newberry Road, Ste E-6 City Gainesville FL Zip Code 32607	
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 _____ (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					
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	CIHLAR, STACEY L MS.				
STREET ADDRESS	13009 N.W. 112TH AVENUE				
CITY-ST-ZIP	ALACHUA, FL 32615				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
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TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <i>managing member</i> <i>2-1-08</i> <i>(352) 494-3561</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					