

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114176

FILED
Jun 04, 2008
Secretary of State

Entity Name: POINT OF VIEW PHOTOGRAPHY, LLC

Current Principal Place of Business:

6073 16TH LANE NE
SAINT PETERSBURG, FL 33703

New Principal Place of Business:

1665 22ND AVE. NO.
UNIT 1
SAINT PETERSBURG, FL 33713

Current Mailing Address:

6073 16TH LANE NE
SAINT PETERSBURG, FL 33703

New Mailing Address:

1665 22ND AVE. NO.
UNIT 1
SAINT PETERSBURG, FL 33713

FEI Number: 20-3855759 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:

DUNLAP, STEPHANIE M
6073 16TH LANE NE
SAINT PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

MELENDEZ, STEPHANIE M
1665 22ND AVE. NO.
UNIT 2
SAINT PETERSBURG, FL 33713 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: STEPHANIE M. MELENDEZ

06/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUNLAP, STEPHANIE M
Address: 6073 16TH LANE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MELENDEZ, STEPHANIE M
Address: 1665 22ND AVE. NO., UNIT 2
City-St-Zip: SAINT PETERSBURG, FL 33713

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: STEPHANIE M. MELENDEZ

MGRM

06/04/2008

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