

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000116489

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** LIGHT EMOTIONS DESIGN LLC

**Current Principal Place of Business:**

2225 4TH AVE SOUTH  
ST PETERSBURG, FL 33712

**New Principal Place of Business:**

16163 STEFANIK ST  
MASARYKTOWN, FL 34604

**Current Mailing Address:**

2887 22ND AVE NORTH - STE. D  
ST. PETERSBURG, FL 33713

**New Mailing Address:**

16163 STEFANIK ST  
MASARYKTOWN, FL 34604

**FEI Number:** 57-1227435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CRIMI, STEVEN J  
16163 STEFANIK STREET  
MASARYKTOWN, FL 34604 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  
**Name:** CRIMI, STEVEN J  
**Address:** 16163 STEFANIK ST  
**City-St-Zip:** MASARYKTOWN, FL 34604

**Title:** MGRM  
**Name:** CRIMI, CORINE  
**Address:** 16163 STEFANIK ST  
**City-St-Zip:** MASARYKTOWN, FL 34604

I hereby 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:** CORINE CRIMI

MGRM

04/26/2012

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