

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002272

Entity Name: RISING STYLE, LLC

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

14127 COUNTRY ESTATE DR.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

14127 COUNTRY ESTATE DR.
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 20-4117413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENSLADE, LESLEY A
14127 COUNTRY ESTATE DR.
WINTER GARDEN, FL FL 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: GREENSLADE, LESLEY A
Address: 14127 COUNTRY ESTATE DR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM () Delete
Name: GREENSLADE, CHRISTINA L
Address: 14127 COUNTRY ESTATE DR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR () Delete
Name: GREENSLADE, LEAH N
Address: 14127 COUNTRY ESTATE DR.
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLEY GREENSLADE

MGRM

04/23/2007

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