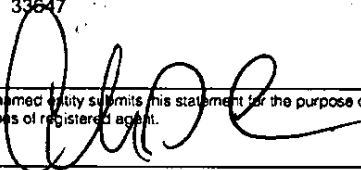
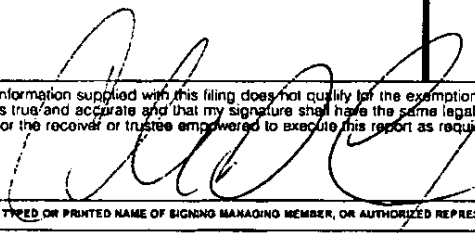


FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90254 033 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000003355		
1. Entity Name LAYTON DESIGN STUDIO, LLC		
Principal Place of Business 20009 NOB OAK AVENUE TAMPA, FL 33647 US		Mailing Address 20009 NOB OAK AVENUE TAMPA, FL 33647 US
DO NOT WRITE IN THIS SPACE		
02152008 No Chg-LLC CR2E083 (12/07)		
4. FEI Number 20-4121170		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent LAYTON, CHRISTOPHER D 20009 NOB OAK AVENUE TAMPA, FL 33647		DO NOT WRITE IN THIS SPACE
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 reappointing) DATE: 4-14-08		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR LAYTON, CHRISTOPHER D 20009 NOB OAK AVE TAMPA, FL 33647	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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: 		Date: 5-28-08 Daytime Phone #: 813 416 0984