

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009617

FILED
Apr 28, 2009
Secretary of State

Entity Name: KRISTIN HARRINGTON, LLC

Current Principal Place of Business:

2636 W. HWY. 434
LONGWOOD, FL 32750

New Principal Place of Business:

491 NORTH STATE RD. 434
ALTAMONTE SPRINGS,, FL 32714

Current Mailing Address:

521 LAKE COMO CIRCLE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 20-4733244 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, GEOFFREY
2636 W. HWY. 434
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

HARRINGTON, KRISTIN
491 NORTH STATE RD. 434
ALTAMONTE SPRINGS, FL 32714 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: KRISTIN HARRINGTON

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MRS. () Delete
Name: HARRINGTON, KRISTIN E
Address: 521 LAKE COMO CIRCLE
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES:

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

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: KRISTIN HARRINGTON

MM/M

04/28/2009

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