
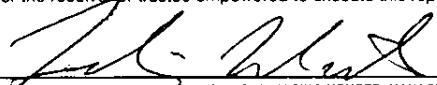


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 05, 2007 8:00 am**  
**Secretary of State**

09-05-2007 90024 014 \*\*\*\*50.00

<b>DOCUMENT # L06000026050</b> 1. Entity Name <b>DROPINK STUDIOS, LLC</b>																										
Principal Place of Business <b>491 EDEN DRIVE</b> <b>SANTA ROSA BEACH, FL 32459 US</b>			Mailing Address <b>491 EDEN DRIVE</b> <b>SANTA ROSA BEACH, FL 32459 US</b>																							
2. Principal Place of Business - No P.O. Box # <b>100 LORAL RD.</b>		3. Mailing Address <b>100 LORAL Rd.</b>																								
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																								
City & State <b>Santa Rosa Beach, FL</b>		City & State <b>Santa Rosa Beach, FL</b>		4. FEI Number <b>770640442</b>																						
Zip <b>32459</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required																						
6. Name and Address of Current Registered Agent  <b>MIRALDA, FELIX</b> <b>491 EDEN DRIVE</b> <b>100 LORAL Rd.</b> <b>SANTA ROSA BEACH, FL 32459</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																						
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																										
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES																						
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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.																										
<b>SIGNATURE:</b> 				<b>8-22-07</b> <b>850-868-0024</b>																						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>																						

**60055501**



08222007 Chg-LLC CR2E083 (12/06)