2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

02-13-2007 90057 018 *****5.00
03-07-2007 90216 032 ****45.00

DOCUMENT # L06000055104

1. Entity Name

ART BY LYTHA AND SALLY, LLC

Principal Place of Business	Mailing Address
~~1404 SAND CASTLE RD.~~ ~~SANIBEL FL 33957~~	~~1404 SAND CASTLE RD.~~ ~~SANIBEL FL 33957~~

new ✓

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11941 Caravel Cir	Same
Suite, Apt. #, etc.: Fort Myers	Suite, Apt. #, etc.
City & State: FL	City & State
Zip: 33906 Country: Lee	Zip Country

4. FEI Number: 20-4949983 ✓ Applied For / Not Applicable

5. Certificate of Status Desired ~~$5.00 Additional Fee Required~~

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WESTON, LYTHA ~~1404 SAND CASTLE RD.~~ ~~SANIBEL FL 33957~~ 11941 Caravel Circle Fort Myers, FL 33908	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Lytha Weston
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WESTON, LYTHA 1404 SAND CASTLE RD. SANIBEL FL 33957 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LYTHA WESTON 11941 CARAVEL Circle FORT MYERS, FL 33908 ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGR~~ ~~WESTON, LYTHA~~ ~~11941 CARAVEL CIRCLE~~ ~~FORT MYERS, FL 33908~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lytha Weston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #