

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063765

Entity Name: ALL SMILES PHOTOGRAPHY, LLC

FILED
Mar 30, 2007
Secretary of State

Current Principal Place of Business:

2226 FILLMORE AVE.
DELTONA, FL 32725

New Principal Place of Business:

8331 47TH STREET CIRCLE EAST
PALMETTO, FL 34221

Current Mailing Address:

P.O. BOX 598
ELLENTON, FL 34220598

New Mailing Address:

FEI Number: 20-5096206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAYER, KELLY
2226 FILLMORE AVE.
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

CAYER, KELLY
8331 47TH STREET CIRCLE EAST
PALMETTO, FL 34221 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:

03/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAYER, KELLY
Address: 2226 FILLMORE AVE.
City-St-Zip: DELTONA, FL 32725

Title: MGRM () Delete
Name: GOITIZ, JOSE T
Address: 2226 FILLMORE AVE.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAYER, KELLY
Address: 8331 47TH STREET CIRCLE EAST
City-St-Zip: PALMETTO, FL 34221

Title: MGRM (X) Change () Addition
Name: GOITIZ, JOSE I
Address: 8331 47TH STREET CIRCLE EAST
City-St-Zip: PALMETTO, FL 34221

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: KELLY CAYER

MGRM

03/30/2007

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