

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069165

FILED
Apr 22, 2009
Secretary of State

Entity Name: ELEMENTS DESIGN STUDIO LLC

Current Principal Place of Business:

201 SE 2ND AVE
110
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

5050 OAK TOURS DR
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 22-3938249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LE, TRUONG
5050 OAK TOURS DR
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LE, MY-TRAM
Address: 5050 OAK TOURS DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: MGR () Delete
Name: LE, MY-VAN
Address: 5050 OAK TOURS DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: MGR () Delete
Name: LE, TRUONG
Address: 5050 OAK TOURS DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: MGR (X) Delete
Name: LE, PHUONG
Address: 5050 OAK TOURS DRIVE
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES:

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

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

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

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: TRUONG LE

MR

04/22/2009

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