

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085895

Entity Name: RED LETTER STUDIOS, LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

3240 BROKEN BOW DR.
LAND O' LAKES, FL FL34639

New Principal Place of Business:

Current Mailing Address:

3240 BROKEN BOW DR.
LAND O' LAKES, FL FL34639

New Mailing Address:

PO BOX 3959
VAN DYKE ROAD
LUTZ, FL 33558

FEI Number: 20-8262953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUERORD, CATHY
14621 N. NEBRASKA AVE.
TAMPA, FL 33613 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: SUTTON, ADAM
Address: 3240 BROKEN BOW DR.
City-St-Zip: LAND O' LAKES, FL FL34639

Title: MGR () Delete
Name: SUTTON, ASHLEY
Address: 3240 BROKEN BOW DR.
City-St-Zip: LAND O' LAKES, FL FL34639

ADDITIONS/CHANGES:

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: ASHLEY SUTTON

MGR

03/24/2009

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