2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# L06000102696

Entity Name: THE COSTUME CREW, LLC

Current Principal Place of Business:

3875 S SAN PABLO RD
#1119
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

3875 S SAN PABLO RD
#1119
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 20-5733993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PITTS, CAMALA
3875 S SAN PABLO RD
#1119
JACKSONVILLE, FL 32224 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: PITTS, CAMALA
Address: 3875 S SAN PABLO RD #1119
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGR ( ) Delete
Name: GROGAN, DORINDA
Address: 3875 S SAN PABLO RD #413
City-St-Zip: JACKSONVILLE, FL 32224 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: QUILES, DORINDA
Address: 3875 S SAN PABLO RD #413
City-St-Zip: JACKSONVILLE, FL 32224 US

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: CAMALA PITTS PRES 04/19/2009

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