

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000106056

**FILED**  
**Jul 17, 2012**  
**Secretary of State**

**Entity Name:** LINDSAY OSBORNE, INDEPENDENT PHOTOGRAPHER, LLC

**Current Principal Place of Business:**

518 COLLINS DRIVE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

1732 DORA AVENUE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

518 COLLINS DRIVE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

1732 DORA AVENUE  
TALLAHASSEE, FL 32308

**FEI Number:** 64-0954822

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OSBORNE, LINDSAY  
518 COLLINS DR.  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

OSBORNE, LINDSAY  
1732 DORA AVENUE  
TALLAHASSEE, FL 32308 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: LINDSAY OSBORNE

07/17/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OSBORNE, DAVID R  
Address: 1732 DORA AVENUE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR  
Name: OSBORNE, LINDSAY  
Address: 1732 DORA AVENUE  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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: LINDSAY OSBORNE

MGR

07/17/2012

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