

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122467

Entity Name: ROSY PRODUCTIONS LLC

FILED
Jul 08, 2008
Secretary of State

Current Principal Place of Business:

6321 ARAGON WAY #303
FORT MYERS, FL 33966 US

New Principal Place of Business:

Current Mailing Address:

6321 ARAGON WAY #303
FORT MYERS, FL 33966 US

New Mailing Address:

FEI Number: 20-8137418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ACEVEDO, ROCIO A
6321 ARAGON WAY #303
FORT MYERS, FL 33966 US

Name and Address of New Registered Agent:

MEDLIN, ROCIO A
6321 ARAGON WAY #303
FORT MYERS, FL 33966 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: ROCIO A. MEDLIN

07/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ACEVEDO, ROCIO A
Address: 6321 ARAGON WAY #303
City-St-Zip: FORT MYERS, FL 33966 US

Title: MGRM () Delete
Name: MEDLIN, BRIAN H
Address: 6321 ARAGON WAY #303
City-St-Zip: FORT MYERS, FL 33966 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEDLIN, ROCIO A
Address: 6321 ARAGON WAY #303
City-St-Zip: FORT MYERS, FL 33966 US

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: ROCIO A. MEDLIN

MGRM

07/08/2008

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