2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2012
Secretary of State

DOCUMENT# L07000000960

Entity Name: VILLAGE ARTS, LLC

Current Principal Place of Business:

305 SAWGRASS VILLAGE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

305 SAWGRASS VILLAGE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-8057385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAMELA, KEEGAN
329 MINORCA AVE.
SAINT AUGUSTINE, FL 32080 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: MGRM
Name: PAMELA, KEEGAN
Address: 329 MINORCA AVE.
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: MGRM
Name: PAMELA, KEEGAN
Address: 329 MINORCA AVE.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: MGRM
Name: PAMELA, KEEGAN
Address: 329 MINORCA AVE.
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: MGRM
Name: PAMELA, KEEGAN
Address: 329 MINORCA AVE.
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: MGRM
Name: PAMELA, KEEGAN
Address: 329 MINORCA AVE.
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: MGRM
Name: PAMELA, KEEGAN
Address: 329 MINORCA AVE.
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

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 Statues.

SIGNATURE: PAMELA KEEGAN MGRM 03/22/2012

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