

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011613

Entity Name: CHRISTIANNE, LLC

FILED  
May 26, 2009  
Secretary of State

## Current Principal Place of Business:

4613 9TH ST. N.  
NAPLES, FL 34103 US

## New Principal Place of Business:

5327 AIRPORT RD N  
NAPLES, FL 34109 US

## Current Mailing Address:

4613 9TH ST. N.  
NAPLES, FL 34103 US

## New Mailing Address:

5327 AIRPORT RD N  
NAPLES, FL 34109 US

FEI Number: 20-8365816      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:

PAPA, CPA, HUGO  
8805 TAMiami TRAIL N.  
# 122  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

BOHR, JEFFREY  
1300 HENLEY ST  
#1804  
NAPLES, FL 34105 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: JEFFREY S BOHR

05/26/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LAWSON, CHRISTIANNE  
Address: 4613 9TH ST. N.  
City-St-Zip: NAPLES, FL 34103 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LAWSON, CHRISTIANNE  
Address: 5327 AIRPORT RD N  
City-St-Zip: NAPLES, FL 34109 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: CHRISTIANNE LAWSON

MGR

05/26/2009

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