

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000012779

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** BLACK CAT BEAD AND PICTURE FACTORY LLC

**Current Principal Place of Business:**

846 SUN WISE CT  
BOYNTON BEACH, FL 33436 US

**New Principal Place of Business:**

**Current Mailing Address:**

846 SUN WISE CT  
BOYNTON BEACH, FL 33436 US

**New Mailing Address:**

**FEI Number:** 20-8381443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JARVINEN, SANDRA T  
846 SUN WISE CT  
BOYNTON BEACH, FL 33436 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: JARVINEN, SANDRA T  
Address: 846 SUN WISE CT  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: MGRM  
Name: LEBEAU, GEORGIA E  
Address: 846 SUN WISE CT  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: MGRM  
Name: HOLLAND, DIANA L  
Address: 867 SUN DISC PL  
City-St-Zip: BOYNTON BEACH, FL 33436 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 Statutes.

SIGNATURE: SANDRA T JARVINEN

MGRM

01/10/2011

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