2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017096

Entity Name: REQUIEM BODY ART LLC

14971 COPELAND WAY

SPRING HILL, FL 34604 US

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11036 NORTHCLIFFE BLVD SPRING HILL, FL 34608 **Current Mailing Address: New Mailing Address:** 11036 NORTHCLIFFE BLVD SPRING HILL, FL 34608 US FEI Number: 20-8444617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: M & L ACCOUNTING OFFICE, INC. 5327 COMMERCIAL WAY D-120 SPRING HILL, FL 346061420 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete KOHLAS, MICHELE Name: Name: Address: 6645 TREEHAVEN DRIVE Address: City-St-Zip: SPRING HILL, FL 34606 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: KRINER, PAUL Name: Address: 10389 GIFFORD DRIVE Address: City-St-Zip: SPRING HILL, FL 34608 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SERUGA, DIANE Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MICHELE KOHLAS MGRM 04/30/2009