

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018539

FILED
Jan 07, 2009
Secretary of State

Entity Name: THE ART OF TOUCH ENTERPRISES, LLC

Current Principal Place of Business:

12551 INDIAN ROCKS ROAD
SUITE 2
LARGO, FL 33774 US

New Principal Place of Business:

Current Mailing Address:

12551 INDIAN ROCKS ROAD
SUITE 2
LARGO, FL 33774 US

New Mailing Address:

FEI Number: 71-1026555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAFFIN, LYNN E
11400 HARBOR WAY
#1632
LARGO, FL 33774 US

Name and Address of New Registered Agent:

ORBEA, ALICIA M
2115 EUCLID CIRCLE EAST
CLEARWATER, FL 33764 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: ALICIA ORBEA

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAGGERT, CASSANDRA C
Address: 2115 EUCLID CIRCLE EAST
City-St-Zip: CLEARWATER, FL 33764 US

Title: MGRM () Delete
Name: ORBEA, ALICIA M
Address: 2115 EUCLID CIRCLE EAST
City-St-Zip: CLEARWATER, FL 33764 US

Title: MGRM (X) Delete
Name: GAFFIN, LYNN E
Address: 11400 HARBOR WAY #1632
City-St-Zip: LARGO, FL 33774 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALICIA ORBEA

MGRM

01/07/2009

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