

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029095

Entity Name: STUDIO 360, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1233 W. THARPE ST.
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

1233 W. THARPE ST.
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 20-8651841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRELAND, SASHA
2814 BLAIRSTONE CT.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

BRELAND, SASHA D MGR
2814 BLAIRSTONE CT.
TALLAHASSEE, FL 32301 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: SASHA BRELAND

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRELAND, SASHA D
Address: 2814 BLAIRSTONE CT.
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGR () Delete
Name: DUNN, THADDIUS
Address: 1233 W. THARPE ST.
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGR () Delete
Name: DUNN, DELEGER
Address: 1233 W. THARPE ST.
City-St-Zip: TALLAHASSEE, FL 32303 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: SASHA BRELAND

MGR

04/30/2008

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