

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000039327

1. Entity Name  
LOREM IPSUM DESIGN STUDIO, LLC



FILED

08 APR 28 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4274 LITTLE OSPREY DR.  
TALLAHASSEE, FL 32303

Mailing Address  
4274 LITTLE OSPREY DR.  
TALLAHASSEE, FL 32303

2. Principal Place of Business - No P.O. Box #  
310 Blount Street

3. Mailing Address  
P.O. Box 181117

Suite, Apt. #, etc.  
Suite 116

Suite, Apt. #, etc.

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

Zip  
32301

Country

Zip  
32318

Country

01232008 Chg-LLC CR2E083 (12/06)

4. FEI Number 75-3237711

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ARCHER, ANTHONY S  
4274 LITTLE OSPREY DR.  
TALLAHASSEE, FL 32303

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Anthony S. Archer, Co-Owner  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/28/08  
DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME ARCHER, ANTHONY S  
STREET ADDRESS 4274 LITTLE OSPREY DR.  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE MGR ☐ Delete  
NAME ARCHER, NATHANIEL T  
STREET ADDRESS 407 W 6TH AVENUE  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 300126243493  
STREET ADDRESS 04/28/08--01021--001 \*\*143.75  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/08 (850) 322-6510

Date

Daytime Phone #