

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043035

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: DESIRED IMAGE LLC

**Current Principal Place of Business:**

13280 NORTH 56TH STREET  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

13280 NORTH 56TH STREET  
TAMPA, FL 33617

**New Mailing Address:**

FEI Number: 20-8938043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANTIAGO, MELISSA A  
207 W. CLINTON  
TAMPA, FL 33604 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 ( ) Delete  
Name: SANTIAGO, MELISSA A  
Address: 207 W. CLINTON ST.  
City-St-Zip: TAMPA, FL 33604 US

Title: MGRM ( ) Delete  
Name: FOX-BARLICK, KRISTIN A  
Address: 14924 LAKE FOREST DR.  
City-St-Zip: LUTZ, FL 33559 US

Title: MGRM ( ) Delete  
Name: SANTIAGO, RAMON DR.  
Address: 17303 EQUESTRIAN TRAIL  
City-St-Zip: ODESSA, FL 33556 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: MELISSA SANTIAGO

MGRM

01/21/2008

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