

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058728

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: DRAPERY SOLUTIONS LLC

## Current Principal Place of Business:

23158 ISLAND VIEW  
APT.#4  
BOCA RATON, FL 33433 US

## Current Mailing Address:

PO BOX 880105  
BOCA RATON, FL 33488 US

## New Principal Place of Business:

23158 ISLAND VIEW  
APT.#4  
BOCA RATON, FL 334337184 US

## New Mailing Address:

PO BOX 880105  
BOCA RATON, FL 334880105 US

FEI Number: 26-0292056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLOOMSTON, MARSHALL  
23158 ISLAND VIEW  
APT # 4  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

BLOOMSTON, MARSHALL  
23158 ISLAND VIEW  
APT # 4  
BOCA RATON, FL 33433-718 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: MARSHALL BLOOMSTON

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ELLMAN, JOSEPH  
Address: 23158 ISLAND VIEW  
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGR ( ) Delete  
Name: BLOOMSTON, MARSHALL  
Address: 23158 ISLAND VIEW  
City-St-Zip: BOCA RATON, FL 33433 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ELLMAN, JOSEPH  
Address: 2734 QUANTUM LAKES DRIVE  
City-St-Zip: BOYNTON BEACH, FL 334268327 US

Title: MGR (X) Change ( ) Addition  
Name: BLOOMSTON, MARSHALL  
Address: 23158 ISLAND VIEW #4  
City-St-Zip: BOCA RATON, FL 334337184 US

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: JOSEPH ELLMAN

PRES

04/30/2009

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