

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000060255

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Entity Name:** PHOTO XPEDITIONS, LLC

**Current Principal Place of Business:**

11395 NW 66TH STREET  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

11395 NW 66TH STREET  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 26-0325555      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CABANAS & ASSOCIATES, P.A.  
10520 NW 26TH STREET C-201  
DORAL, FL 33172 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  
**Name:** TOUZON, RAUL  
**Address:** 5882 NW 113TH PLACE  
**City-St-Zip:** DORAL, FL 33178

**Title:** MGRM  
**Name:** CORTES, HERZEN  
**Address:** 11395 NW 66TH STREET  
**City-St-Zip:** DORAL, FL 33178

**Title:** MGRM  
**Name:** CONSTANDSE, VANESSA  
**Address:** 11395 NW 66TH STREET  
**City-St-Zip:** DORAL, FL 33178

I hereby 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:** HERZEN CORTES

MGR

03/04/2010

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