

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061711

FILED
Jul 07, 2008
Secretary of State

Entity Name: KALLIE BRYNN PHOTOGRAPHY, LLC

Current Principal Place of Business:

110 VICTORIA MANOR LOOP, 108
LAKELAND, FL 33805

New Principal Place of Business:

110 VICTORIA MANOR LOOP
108
LAKELAND, FL 33805

Current Mailing Address:

110 VICTORIA MANOR LOOP, 108
LAKELAND, FL 33805

New Mailing Address:

110 VICTORIA MANOR LOOP
108
LAKELAND, FL 33805

FEI Number: 33-1186487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUCKMASTER, KALLIE
1407 LAKE LUCERNE WAY #203
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

BUCKMASTER, KALLIE B
110 VICTORIA MANOR LOOP
108
LAKELAND, FL 33805 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: KALLIE B BUCKMASTER

07/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUCKMASTER, KALLIE
Address: 1407 LAKE LUCERNE WAY #203
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BUCKMASTER, KALLIE B
Address: 110 VICTORIA MANOR LOOP #108
City-St-Zip: LAKELAND, FL 33805

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: KALLIE B BUCKMASTER

MGRM

07/07/2008

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