

# **2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000061838

**FILED**  
**Jun 11, 2008**  
**Secretary of State**

**Entity Name:** ANNABEL CHIROMEDIA, LLC

**Current Principal Place of Business:**

209 AVENUE O, SW  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

209 AVENUE O, SW  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:** 68-0671680

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POLYNICE, JOANES J  
209 AVENUE O, SW  
WINTER HAVEN, FL 33880 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: P ( ) Delete  
Name: POLYNICE, JOANES  
Address: 14141 HAMPSHIRE BAY CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: POLYNICE, JOANES  
Address: 209 AVENUE O, SW  
City-St-Zip: WINTER HAVEN, FL 33880

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: JOANES J POLYNICE

MGRM

06/11/2008

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