

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000071286

Entity Name: LLORENTE DESIGN LLC

**FILED**  
**Apr 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3332 ROBERT TRENT JONES DR, UNIT 302  
ORLANDO, FL 32835

**New Principal Place of Business:**

6368 RALEIGH STREET  
1812  
ORLANDO, FL 32835

**Current Mailing Address:**

3332 ROBERT TRENT JONES DR, UNIT 302  
ORLANDO, FL 32835

**New Mailing Address:**

6368 RALEIGH STREET  
1812  
ORLANDO, FL 32835

FEI Number: 26-0554126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STYRON, CHRISTINE  
3332 ROBERT TRENT JONES DR, UNIT 302  
ORLANDO, FL 32835 US

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

STYRON, CHRISTINE  
6368 RALEIGH STREET  
1812  
ORLANDO, FL 32835 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: CHRISTINE STYRON

04/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LLORENTE STYRON, CHRISTINE  
Address: 6368 RALEIGH STREET UNIT 1812  
City-St-Zip: ORLANDO, FL 32835

Title: MGRM  
Name: STYRON, JASON  
Address: 6368 RALEIGH STREET UNIT 1812  
City-St-Zip: ORLANDO, FL 32835

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: CHRISTINE STYRON

MGR

04/17/2010

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