

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072169

FILED
May 04, 2009
Secretary of State

Entity Name: ILLUSIONS-N-ART BY RHONDA KRIS, LLC

Current Principal Place of Business:

645 99TH AVENUE N., APT. WEST
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

645 99TH AVENUE N., APT. WEST
NAPLES, FL 34108

New Mailing Address:

FEI Number: 14-2005615 **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:

KRIS, RHONDA F
645 99TH AVENUE N., APT. WEST
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC.
813 DELTONA BLVD
STE A
DELTONA, FL 32725 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: DEVIN NEWMAN FOR ALL FLORIDA FIRM INC

05/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KRIS, RHONDA F
Address: 645 99TH AVENUE N., APT. WEST
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEVIN NEWMAN FOR RHONDA F KRIS

MGRM

05/04/2009

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