

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083435

FILED
Aug 29, 2008
Secretary of State

Entity Name: ARTFAUXISTIC SOLUTIONS LLC

Current Principal Place of Business:

5142 YORK COURT
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

5142 YORK COURT
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 26-0846741 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:

Name and Address of New Registered Agent:

GIFFIN, JILL
5142 YORK COURT
CAPE CORAL, FL 33904 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIFFIN, JILL
Address: 5142 YORK COURT
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM () Delete
Name: GIFFIN, MOLLY
Address: 5142 YORK COURT
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM () Delete
Name: GIFFIN, MARGARET
Address: 5142 YORK COURT
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

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

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

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: JILL GIFFIN

MGRM

08/29/2008

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