

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000083435

**FILED**  
**Apr 22, 2011**  
**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 (X)**

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

GIFFIN, JILL  
5142 YORK COURT  
CAPE CORAL, FL 33904 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:** MGRM  
**Name:** GIFFIN, JILL  
**Address:** 5142 YORK COURT  
**City-St-Zip:** CAPE CORAL, FL 33904

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

**Title:** MGRM  
**Name:** GIFFIN, NATALIE  
**Address:** 5142 YORK COURT  
**City-St-Zip:** CAPE CORAL, FL 33904

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:** JILL GIFFIN

MGRM

04/22/2011

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