2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90232 026 ***138.75

DOCUMENT # L07000096866

1. Entity Name
CITY ART BODY ART, LLC

Principal Place of Business	Mailing Address
1228 MADEIRA KEY PLACE ORLANDO, FL 32824 US	1228 MADEIRA KEY PLACE ORLANDO, FL 32824 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1120018 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LARSON ACCOUNTING & CONSULTING SERVICES LL 8818 COMMODITY CIRCLE SUITE 40 ORLANDO, FL 32819	Name: ALEXANDRE M LIMA Street Address (P.O. Box Number is Not Acceptable): 1228 MADEIRA KEY PLACE City: ORLANDO FL Zip Code: 32824

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 01.24.08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LIMA, NATHALIA M	NAME	
STREET ADDRESS	1228 MADEIRA KEY PLACE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DELGADO, JHONNY A	NAME	
STREET ADDRESS	1228 MADEIRA KEY PLACE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LIMA, ALEXANDRE M	NAME	
STREET ADDRESS	1228 MADEIRA KEY PLACE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 01.24.08 407.852296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #