

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102612

Entity Name: E.G.O. BY MARIT TUISK, LLC

FILED
May 06, 2009
Secretary of State

Current Principal Place of Business:

416 NW 24TH AVE
BOYNTON BEACH, FL 33426 PB

New Principal Place of Business:

Current Mailing Address:

416 NW 24TH AVE
BOYNTON BEACH, FL 33426 PB

New Mailing Address:

FEI Number: 26-1205556 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:

TUISK, MARIT
416 NW 24TH AVE
BOYNTON BEACH, FL 33426 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 () Delete
Name: TUISK, MARIT
Address: 416 NW 24TH AVE
City-St-Zip: BOYNTON BEACH, FL 33426 PB

Title: MGRM () Delete
Name: TUISK FILM PRODUCTION OY
Address: RAVALA 6
City-St-Zip: TALLINN, ESTONIA, ES 10143 ES

Title: MGRM () Delete
Name: FEDUIK, CANDISS D
Address: 499 HOPALONG LANE
City-St-Zip: BOCA RATON, FL 33487 PB

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: MARIT TUISK

MGRM

05/06/2009

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