

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107171

Entity Name: STYLIN' INTERIORS, LLC.

FILED  
Jul 06, 2009  
Secretary of State

**Current Principal Place of Business:**

13785 N.W. 22ND PLACE  
FORT LAUDERDALE, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

13785 N.W. 22ND PLACE  
FORT LAUDERDALE, FL 33323 US

**New Mailing Address:**

FEI Number: 11-3843459      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:**

MORONEY, MARY KAY  
13785 NW 22 PL  
FORT LAUDERDALE, FL 33323 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: MORONEY, MARY K  
Address: 13785 N.W. 22ND PLACE  
City-St-Zip: FORT LAUDERDALE, FL 33323 US

Title: MGRM ( ) Delete  
Name: AMBRE, NATASCHA  
Address: 13785 N.W. 22ND PLACE  
City-St-Zip: FORT LAUDERDALE, FL 33323 US

**ADDITIONS/CHANGES:**

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: NATASCHA AMBRE

MRS

07/06/2009

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