

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108716

Entity Name: INTERIORSMITHS, LLC

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

1706 VIA DE LUNA DRIVE
PENSACOLA BEACH, FL 32561 US

New Principal Place of Business:

18 VIA DE LUNA DRIVE
PENSACOLA BEACH, FL 32561 US

Current Mailing Address:

1706 VIA DE LUNA DRIVE
PENSACOLA BEACH, FL 32561 US

New Mailing Address:

18 VIA DE LUNA DRIVE
PENSACOLA BEACH, FL 32561 US

FEI Number: 14-2011109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUTFARK, ANDREA
1706 VIA DE LUNA DRIVE
PENSACOLA BEACH, FL 32561 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: PUTFARK, ANDREA
Address: 1706 VIA DE LUNA DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561 US

Title: MGRM () Delete
Name: PUTFARK, ERROL
Address: 1706 VIA DE LUNA DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PUTFARK, ANDREA MANAGER
Address: 18 VIA DE LUNA DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561 US

Title: MB (X) Change () Addition
Name: PUTFARK, ERROL
Address: 18 VIA DE LUNA DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561 US

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: ANDREA PUTFARK

MGRM

04/01/2009

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