2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State
04-09-2008 90123 042 ***138.75

DOCUMENT # L07000117852

1. Entity Name
FAUX AND MURALS BY CAROL STUDTMANN, LLC

Principal Place of Business
15220 CORAL ISLE CT
FORT MYERS, FL 33919 US

Mailing Address
15220 CORAL ISLE CT
FORT MYERS, FL 33919 US

30005612

2. Principal Place of Business - No P.O. Box # N/A
Suite/Apt. #, etc.
City & State
Zip | Country

3. Mailing Address N/A
Suite, Apt. #, etc.
City & State
Zip | Country

02242008 Chg-LLC CR2E083 (12/06)

4. FEI Number 325 288558 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
STUDTMANN, CAROL N
15220 CORAL ISLE CT
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent
Name N/A
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 N/A
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	OWNER/MANAGER CAROL N. STUDTMANN 15220 CORAL CT FORT MYERS, FL 33919 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	— ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	— ☐ Change ☐ Addition
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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: Carol N. Studtmann 4-7-08 239-222-3828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #