

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000122561

**Entity Name:** STUDS ARE IN, LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2901 SW 41ST ST.  
202  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1617  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 75-3263042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, ANGELA D  
2901 SW 41ST ST.  
202  
OCALA, FL 34474 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:** MGR  
**Name:** JONES, ANGELA D  
**Address:** PO BOX 1617  
**City-St-Zip:** OCALA, FL 34478 US

**Title:** MGRM  
**Name:** RENN, KRISTEN B  
**Address:** 2423 SE 5TH CIRCLE APT. 1  
**City-St-Zip:** OCALA, FL 34471 US

I hereby 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:** ANGELA D JONES

MGR

05/01/2012

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