

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015235

Entity Name: AMWAKE STUDIOS, LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

312 W. 8TH AVENUE
TALLAHASSEE, FL 32303

New Principal Place of Business:

76 HOMAN POINT AVE
CRAWFORDVILLE, FL 32327

Current Mailing Address:

312 W. 8TH AVENUE
TALLAHASSEE, FL 32303

New Mailing Address:

P.O BOX 612
CRAWFORDVILLE, FL 32326

FEI Number: 26-1747201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMWAKE, MARIBEL P
312 W. 8TH AVENUE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

AMWAKE, MARIBEL P
76 HOMAN POINT AVE
CRAWFORDVILLE, FL 32327 US

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: MARIBEL P. AMWAKE

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AMWAKE, MARIBEL P
Address: 312 W. 8TH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: AMWAKE, DAVID F
Address: 312 W. 8TH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AMWAKE, MARIBEL P
Address: 76 HOMAN POINT
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM (X) Change () Addition
Name: AMWAKE, DAVID F
Address: 76 HOMAN POINT AVE
City-St-Zip: CRAWFORDVILLE, FL 32327

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: MARIBEL P. AMWAKE

MGR

04/20/2009

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