

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024917

FILED  
May 10, 2009  
Secretary of State

Entity Name: STEREOFONIK' PHOTOGRAPHY LLC

## Current Principal Place of Business:

3912 SW 67TH TERRACE  
DAVIE, FL 33314

## New Principal Place of Business:

2574 N UNIVERSITY DR. SUITE 216  
SUNRISE, FL 33322

## Current Mailing Address:

3912 SW 67TH TERRACE  
DAVIE, FL 33314

## New Mailing Address:

2574 N UNIVERSITY DR. SUITE 216  
SUNRISE, FL 33322

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

MORENO, LAURA F  
3912 SW 67TH TERRACE  
DAVIE, FL 33314 US

## Name and Address of New Registered Agent:

MORENO, LAURA F  
2574 N UNIVERSITY DR. SUITE 216  
SUNRISE, FL 33322 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: LAURA MORENO

05/10/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MORENO, LAURA F  
Address: 3912 SW 67TH TERRACE  
City-St-Zip: DAVIE, FL 33314

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MORENO, LAURA F  
Address: 2574 N UNIVERSITY DR. SUITE 216  
City-St-Zip: SUNRISE, FL 33322

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: LAURA MORENO

MGR

05/10/2009

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