

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000071680

**FILED**  
**Apr 07, 2012**  
**Secretary of State**

**Entity Name:** SUNKISSED DESIGNS, LLC

**Current Principal Place of Business:**

2737 NORTHRIDGE DR., E.  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

2737 NORTHRIDGE DR., E.  
CLEARWATER, FL 33761

**New Mailing Address:**

18513 N WHITEDOVE LN  
#303  
MIDDLEBURG HEIGHTS, OH 44130

**FEI Number:** 26-3044290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROPES, ALAN W  
2737 NORTHRIDGE DR E  
CLEARWATER, FL 33761 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  
Name: ROPES, AMY M  
Address: 2737 NORTHRIDGE DR E  
City-St-Zip: CLEARWATER, FL 33761

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: AMY ROPES

MGRM

04/07/2012

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