

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090842

Entity Name: BALLISTIC BOUDOIR LLC

FILED
Sep 02, 2009
Secretary of State

Current Principal Place of Business:

979 BAY ESPLANADE
CLEARWATER BEACH, FL 30308

New Principal Place of Business:

979 BAY ESPLANADE
CLEARWATER BEACH, FL 33767

Current Mailing Address:

979 BAY ESPLANADE
CLEARWATER BEACH, FL 30308

New Mailing Address:

442 S VAN NESS AVE
LOS ANGELES, CA 90020

FEI Number: 26-3513078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 () Delete
Name: EATON, ASHLEY
Address: 979 BAY ESPLANADE
City-St-Zip: CLEARWATER BEACH, FL 30308

Title: MGR () Delete
Name: STOELTZING, TIFFANY
Address: 979 BAY ESPLANADE
City-St-Zip: CLEARWATER BEACH, FL 30308

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EATON, ASHLEY
Address: 442 S VAN NESS AVE
City-St-Zip: LOS ANGELES, CA 90020

Title: MGR (X) Change () Addition
Name: STOELTZING, TIFFANY
Address: 979 BAY ESPLANADE
City-St-Zip: CLEARWATER BEACH, FL 33767

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: ASHLEY EATON

MGR

09/02/2009

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