

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097960

FILED
Apr 16, 2009
Secretary of State

Entity Name: STUDIO 399, LLC

Current Principal Place of Business:

1453 ALABAMA ST
NAVARRE, FL 32566 US

New Principal Place of Business:

6324 EAST BAY BLVD
GULF BREEZE, FL 32547 US

Current Mailing Address:

1453 ALABAMA ST
NAVARRE, FL 32566 US

New Mailing Address:

6324 EAST BAY BLVD
GULF BREEZE, FL 32547 US

FEI Number: 26-3555916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROOKS, SUZETTE
1453 ALABAMA ST
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

BROOKS, SUZETTE
6324 EAST BAY BLVD
GULF BREEZE, FL 32547 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: SUZETTE BROOKS

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROOKS, MICHAEL
Address: 1453 ALABAMA ST
City-St-Zip: NAVARRE, FL 32566 US

Title: MGRM () Delete
Name: BROOKS, SUZETTE
Address: 1453 ALABAMA ST
City-St-Zip: NAVARRE, FL 32566 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROOKS, MICHAEL
Address: 6324 EAST BAY BLVD
City-St-Zip: GULF BREEZE, FL 32547 US

Title: MGRM (X) Change () Addition
Name: BROOKS, SUZETTE
Address: 6324 EAST BAY BLVD
City-St-Zip: GULF BREEZE, FL 32547 US

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: SUZETTE BROOKS

MGRM

04/16/2009

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