

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100105

Entity Name: SPY LIFESTYLE, LLC

FILED  
Feb 20, 2012  
Secretary of State

## Current Principal Place of Business:

790 NORTH COUNTY HWY 393  
BLDG 3, UNIT A  
SANTA ROSA BEACH, FL 32459

## Current Mailing Address:

790 NORTH COUNTY HWY 393  
BLDG 3, UNIT A  
SANTA ROSA BEACH, FL 32459

## New Principal Place of Business:

790 NORTH COUNTY HWY 393  
BLDG 2, UNIT C  
SANTA ROSA BEACH, FL 32459

## New Mailing Address:

790 NORTH COUNTY HWY 393  
BLDG 2, UNIT C  
SANTA ROSA BEACH, FL 32459

FEI Number: 26-3566023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YORK, S. PAIGE  
790 NORTH COUNTY HWY 393 BLDG 3 UNIT A  
SANTA ROSA BEACH, FL 32459 US

## Name and Address of New Registered Agent:

YORK, S. PAIGE  
790 NORTH COUNTY HWY 393  
BLDG 2, UNIT C  
SANTA ROSA BEACH, FL 32459 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:

02/20/2012

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: YORK, S. PAIGE  
Address: 790 NORTH COUNTY HWY 393 BLDG 2 UNIT C  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM  
Name: TIPPENS, CASEY  
Address: 790 NORTH COUNTY HWY 393 BLDG 2 UNIT C  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: S. PAIGE YORK

MGRM

02/20/2012

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