

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104161

FILED
Aug 03, 2009
Secretary of State

Entity Name: BARK OUT LOUD DESIGNS LLC

Current Principal Place of Business:

541 N.E. 62ND STREET, #2
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

541 N.E. 62ND STREET, #2
MIAMI, FL 33138

New Mailing Address:

FEI Number: 32-0267038 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEKANNE, MARILOU
Address: 541 N.E. 62ND STREET, #2
City-St-Zip: MIAMI, FL 33138

Title: MGR () Delete
Name: VAQUER, BEATRIZ E
Address: 541 N.E. 62ND STREET, #2
City-St-Zip: MIAMI, FL 33138

Title: ST () Delete
Name: LEKANNE, MARILOU
Address: 541 N.E. 62ND STREET, #2
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARILOU LEKANNE

MGR

08/03/2009

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