

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000029490

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** WOOD NYMPH CREATIVE ARTISTRY, L.L.C.

**Current Principal Place of Business:**

430 SE 17 TERRACE  
CAPE CAROL, FL 339902223

**New Principal Place of Business:**

430 SE 17 TERRACE  
CAPE CORAL, FL 339902223

**Current Mailing Address:**

430 SE 17 TERRACE  
CAPE CAROL, FL 339902223

**New Mailing Address:**

430 SE 17 TERRACE  
CAPE CORAL, FL 339902223

**FEI Number:** 80-0377503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SLY, CINDYLEE  
430 SE 17 TERRACE  
CAPE CAROL, FL 339902223 US

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

SLY, CINDYLEE  
430 SE 17 TERRACE  
CAPE CORAL, FL 339902223 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: \_\_\_\_\_

01/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SLY, CINDYLEE  
Address: 430 SE 17 TERRACE  
City-St-Zip: CAPE CORAL, FL 339902223

Title: MGRM  
Name: WEBER, DAWN  
Address: 430 SE 17 TERRACE  
City-St-Zip: CAPE CORAL, FL 339902223

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: DAWN WEBER

MGRM

01/24/2011

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