

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000063596

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** STORYLAND COSTUMES, LLC.

**Current Principal Place of Business:**

1916 S. CONWAY RD.  
12  
ORLANDO, FL 32812 US

**New Principal Place of Business:**

**Current Mailing Address:**

1916 S. CONWAY RD.  
12  
ORLANDO, FL 32812 US

**New Mailing Address:**

**FEI Number:** 35-2366939      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BERKHEIMER, MICHELLE R  
1916 S. CONWAY RD.  
12  
ORLANDO, FL 32812 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  
Name: BERKHEIMER, MICHELLE R  
Address: 1916 S. CONWAY RD. #12  
City-St-Zip: ORLANDO, FL 32812 US

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: MICHELLE BERKHEIMER      MGR      04/01/2010

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