

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000086219

Entity Name: LLEWELLYN STUDIOS, LLC

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6347 LIGHTNER DR  
ORLANDO, FL 32829

**New Principal Place of Business:**

**Current Mailing Address:**

6445 SOUTH CHICKASAW TRAIL  
SUITE 274  
ORLANDO, FL 32829

**New Mailing Address:**

3936 S SEMORAN BLVD  
SUITE 439  
ORLANDO, FL 32829

FEI Number: 27-0877769

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JACKSON, PAUL A  
6347 LIGHTNER DR  
ORLANDO, FL 32829 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: MGRM  
Name: JACKSON, LORI E  
Address: 6347 LIGHTNER DR  
City-St-Zip: ORLANDO, FL 32829

Title: MGRM  
Name: JACKSON, PAUL A  
Address: 6347 LIGHTNER DR  
City-St-Zip: ORLANDO, FL 32829

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: PAUL A JACKSON

MGRM

03/22/2010

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