

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088733

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** L'ESPRIT PHOTOGRAPHY, LLC

**Current Principal Place of Business:**

3990 CINCINNATI ST  
NORTH PORT, FL 34286

**New Principal Place of Business:**

3340 SHEBOYGAN AVE  
NORTH PORT, FL 34286

**Current Mailing Address:**

P.O. BOX 7037  
NORTH PORT, FL 34290

**New Mailing Address:**

**FEI Number:** 27-0926015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMELKER, HANS R  
3990 CINCINNATI ST  
NORTH PORT, FL 34286 US

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

SMELKER, HANS R  
3340 SHEBOYGAN AVE  
NORTH PORT, FL 34286 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:**

04/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SMELKER, HANS R  
**Address:** 3340 SHEBOYGAN AVE  
**City-St-Zip:** NORTH PORT, FL 34286

**Title:** MGR  
**Name:** SMELKER, AMANDA L  
**Address:** 3340 SHEBOYGAN AVE  
**City-St-Zip:** NORTH PORT, FL 34286

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:** AMANDA L SMELKER

MGR

04/28/2011

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