

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000091111

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** ALENA'S PHOTOGRAPHY STUDIO LLC

**Current Principal Place of Business:**

340 CBL DRIVE  
SUITE 102  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

353 LONE WOLF TRAIL  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

340 CBL DRIVE  
SUITE 102  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

353 LONE WOLF TRAIL  
ST AUGUSTINE, FL 32086

**FEI Number:** 27-0962533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COCHRANE, ALENA  
353 LONE WOLF TRAIL  
ST AUGUSTINE, FL 32086 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: COCHRANE, ALENA  
Address: 353 LONE WOLF TRAIL  
City-St-Zip: ST AUGUSTINE, FL 32086

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: ALENA COCHRANE

MGRM

03/13/2012

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