

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000091575

**FILED**  
**May 03, 2011**  
**Secretary of State**

**Entity Name:** LOW AND SLOW PRODUCTIONS, LLC

**Current Principal Place of Business:**

709 SE ASHLEY OAKS WAY  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

709 SE ASHLEY OAKS WAY  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

LAVARGNA, CARRIE S ESQ  
401 SE OSCEOLA STREET  
LOWER LEVEL  
STUART, FL 34994 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: HOWE, MICHELLE  
Address: 709 SE ASHLEY OAKS WAY  
City-St-Zip: STUART, FL 34997

Title: MGRM  
Name: HOWE, FRANKLIN  
Address: 7869 SE MEADOW PARK AVENUE  
City-St-Zip: STUART, FL 34997

Title: SECR  
Name: HOWE, BRIDGET  
Address: 7869 SE MEADOW PARK AVENUE  
City-St-Zip: STUART, FL 34997

Title: TRSR  
Name: HOWE, ROBERT M II  
Address: 709 SE ASHLEY OAKS WAY  
City-St-Zip: STUART, FL 34997

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 HOWE

MGRM

05/03/2011

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