

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000108478

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** STUDIO352, LLC

**Current Principal Place of Business:**

2320 COLLEGE ST  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

1647 MALLORY ST  
JACKSONVILLE, FL 32205 US

**Current Mailing Address:**

2320 COLLEGE ST  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

1647 MALLORY ST  
JACKSONVILLE, FL 32205 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SELLERS, CHRISTINE M  
2320 COLLEGE ST  
JACKSONVILLE, FL 32204 US

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

SELLERS, CHRISTINE M  
1647 MALLORY ST  
JACKSONVILLE, FL 32205 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:**

04/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** JEWETT, SEAN J  
**Address:** 1647 MALLORY ST  
**City-St-Zip:** JACKSONVILLE, FL 32205 US

**Title:** MGRM  
**Name:** SELLERS, CHRISTINE  
**Address:** 1647 MALLORY ST  
**City-St-Zip:** JACKSONVILLE, FL 32205 UN

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:** CHRISTINE SELLERS

MGRM

04/28/2012

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