

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000021619

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** SHOW-STOPPER SPECIALTIES LLC

**Current Principal Place of Business:**

220 MIDVALE TERRACE  
SEBASTIAN, FL 32958 US

**New Principal Place of Business:**

**Current Mailing Address:**

220 MIDVALE TERRACE  
SEBASTIAN, FL 32958 US

**New Mailing Address:**

**FEI Number:** 27-2027775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A  
TAMPA, FL 33688 US

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

BURTREM, DONNA L  
220 MIDVALE TERRACE  
SEBASTIAN, FL 32958 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:** DONNA BURTREM

01/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BURTREM, DONNA  
**Address:** 220 MIDVALE TERRACE  
**City-St-Zip:** SEBASTIAN, FL 32958 US

**Title:** MGRM  
**Name:** BURTREM, SCOTT  
**Address:** 220 MIDVALE TERRACE  
**City-St-Zip:** SEBASTIAN, FL 32958 US

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:** DONNA BURTREM

MGRM

01/10/2012

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