

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000089547

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** PHOTOFABLE LLC

**Current Principal Place of Business:**

2843 ABNEY AVENUE  
ORLANDO, FL 32833

**New Principal Place of Business:**

**Current Mailing Address:**

2843 ABNEY AVENUE  
ORLANDO, FL 32833

**New Mailing Address:**

**FEI Number:** 80-0748305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COATS, NICHOLAS  
2843 ABNEY AVENUE  
ORLANDO, FL 32833 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:** COATS, NICHOLAS  
**Address:** 2843 ABNEY AVENUE  
**City-St-Zip:** ORLANDO, FL 32833

**Title:** MGRM  
**Name:** PISTORIO, LEONARD  
**Address:** 14824 YORKSHIRE RUN DRIVE  
**City-St-Zip:** ORLANDO, FL 32828

**Title:** MGRM  
**Name:** COLTMAN, KRISTIAN  
**Address:** 42 KEYNSHAM ST  
**City-St-Zip:** CHELTENHAM GL52 6EN U.K.,

**Title:** MGRM  
**Name:** THIRSK, STEVE  
**Address:** 300 ST EDMONDS AVE  
**City-St-Zip:** NEWCASTLE VNDER LYME STAFFS, ST5 0AB

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:** NICHOLAS COATS

MGRM

04/24/2012

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