

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000098851

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** WOLAK DESIGN STUDIO, LLC

**Current Principal Place of Business:**

595 MARISOL DRIVE  
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

**Current Mailing Address:**

595 MARISOL DRIVE  
NEW SMYRNA BEACH, FL 32168 US

**New Mailing Address:**

**FEI Number:** 45-3115852

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLAK, KIMBERLY E  
595 MARISOL DRIVE  
NEW SMYRNA BEACH, FL 32168 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:** WOLAK, KIMBERLY E  
**Address:** 595 MARISOL DRIVE  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168 US

**Title:** MGRM  
**Name:** WOLAK, RYAN R  
**Address:** 595 MARISOL DRIVE  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168 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:** KIMBERLY E WOLAK

MGRM

01/03/2012

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