

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000133145

Entity Name: NANCY POLLINGER PHOTOGRAPHY, LLC

Current Principal Place of Business:

1509 ROBIN HOODS TRAIL
LAKELAND, FL 33809

Current Mailing Address:

1509 ROBIN HOODS TRAIL
LAKELAND, FL 33809 US

FEI Number: 35-2432476

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLLINGER, NANCY S
1509 ROBIN HOODS TRAIL
LAKELAND, FL 33809 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name POLLINGER, NANCY S
Address 1509 ROBIN HOODS TRAIL
City-State-Zip: LAKELAND FL 33809

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NANCY SKITTLETHORP POLLINGER

MANAGING MEMBER

04/14/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date