

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000030491

**Entity Name:** A SHARPER IMAGE, LLC

**Current Principal Place of Business:**

1719 HENLEY RD  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

PO BOX 9198  
FLEMING ISLAND, FL 32006

**FEI Number:** 45-4684546

**Certificate of Status Desired:** No

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

STEWART, STEVEN C  
1719 HENLEY RD  
MIDDLEBURG, FL 32068 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:** CAMILLA B STEWART

04/30/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED MEMBER
Name	STEWART, STEVEN C	Name	STEWART, CAMILLA
Address	P.O. BOX 9198	Address	1719 HENLEY RD
City-State-Zip:	FLEMING ISLAND FL 32006	City-State-Zip:	MIDDLEBURG FL 32068

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAMILLA STEWART

AUTH REP

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date