

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000034574

**Entity Name:** HIS EYES PHOTOGRAPHY LLC

**Current Principal Place of Business:**

5723 SWEET WILLIAM TERRACE  
LAND O LAKES, FL 34639

**Current Mailing Address:**

5723 SWEET WILLIAM TERRACE  
LAND O LAKES, FL 34639

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BABB, SARINA R  
5723 SWEET WILLIAM TERRACE  
LAND O LAKES, FL 34639 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 BABB, SARINA R  
Address 5723 SWEET WILLIAM TERRACE  
City-State-Zip: LAND O LAKES FL 34639

*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:** SARINA R BABB

**OWNER**

**02/05/2013**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date