

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000021195

**Entity Name:** IDEA IMPRESSIONS LLC

**Current Principal Place of Business:**

5589 OKEECHOBEE BLVD  
SUITE 101  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

5589 OKEECHOBEE BLVD  
SUITE 101  
WEST PALM BEACH, FL 33417

**FEI Number:** 46-2207224

**Certificate of Status Desired:** No

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

WILSON, ENRIQUEZ D  
5589 OKEECHOBEE BLVD  
SUITE 101  
WEST PALM BEACH, FL 33417 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 ENRIQUEZ, WILSON D  
Address 255 EVERNIA STREET #1505  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGRM  
Name ENRIQUEZ, SHANA N  
Address 255 EVERNIA STREET #1505  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** WILSON ENRIQUEZ

**MGRM**

**02/26/2014**

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

\_\_\_\_\_  
Date