

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90003 031 ****50.00

DOCUMENT # L00000014912

1. Entity Name
ARTIFACTS & OBJECTS, L.L.C.



Principal Place of Business
701 S. ROSEMARY AVE., STE. 145
WEST PALM BEACH, FL 33401

Mailing Address
701 S. ROSEMARY AVE., STE. 145
WEST PALM BEACH, FL 33401

64000770



04152004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1060158

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELAGA, LOIS
477 S. ROSEMARY AVE., STE. 193
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	MORDES, ELAYNE
STREET ADDRESS	3701 BRETON WAY
CITY-ST-ZIP	BANTO, MD 33401
TITLE	D
NAME	BELAGA, LOIS
STREET ADDRESS	17250 ANTIQUA POINT WAY 6607 JACQUES WAY
CITY-ST-ZIP	BOCA RATON, FL 33487 LAKE WORTH FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/15/04