

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 29, 2002 8:00 am
Secretary of State

09-29-2002 90004 033 ****50.00

DOCUMENT # **LO1000003318**

1. Entity Name

Imagineistic L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8516 Old Winter Garden Rd

3. Mailing Address
8516 Old Winter Garden Rd

Suite, Apt. #, etc.
Ste 100

Suite, Apt. #, etc.
Ste 100

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32835

Country

Zip
32835

Country

4. FEI Number
59-3697544

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
William Jay Bunner

Street Address (P.O. Box Number is Not Acceptable)

3397 S Kirkman Rd, #1414

City
Orlando

FL

Zip Code
32811

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.

SIGNATURE

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

9/25/2002

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM William Jay Bunner 3397 S Kirkman Rd #1414, Orlando, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Aric D. Stoots 11809 Highland Point Dr, Clermont, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

William Jay Bunner, MGRM

9/25/2002 407-295-5522

Date

Daytime Phone #

CR2E083B (12/01)