

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 26, 2003 8:00 am**  
**Secretary of State**

09-26-2003 90004 026 \*\*\*\*50.00

**DOCUMENT # L01000003318**

1. Entity Name

**IMAGINEISTIC L.L.C.**



Principal Place of Business

**8516 OLD WINTER GARDEN RD  
STE 100  
ORLANDO FL 32835**

Mailing Address

**8516 OLD WINTER GARDEN RD  
STE 100  
ORLANDO FL 32835**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3697544**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUNNER, WILLIAM J  
3397 S KIRKMAN ROAD # 1414  
ORLANDO FL 32811**

Name

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

**5933 Bent Pine Dr # 832**

City

**Orlando**

FL

Zip Code

**32822**

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.

**Wm. Jay Bunner MGRM**

(NOTE: Registered Agent signature required when reinstating)

**9/23/03**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME **MGRM BUNNER, WILLIAM J** ☐ Delete  
STREET ADDRESS **3397 S KIRKMAN RD # 1414**  
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE NAME **5933 Bent Pine Dr # 832** ☒ Change ☐ Addition  
STREET ADDRESS **Orlando FL 32822**  
CITY-ST-ZIP

TITLE NAME **MGRM STOOT, ARIC D** ☐ Delete  
STREET ADDRESS **11809 HIGHLAND POINT DR**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**  
**Wm. Jay Bunner**

**9/23/03**

**407-295-5522**

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

Date

Daytime Phone #

CR2E083 (4/03)