

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007276

1. Entity Name
IMAGE WORKS, LLC.

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90095 003 ****50.00

Principal Place of Business
121 HIDDEN HOLLOW DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address
121 HIDDEN HOLLOW DRIVE
PALM BEACH GARDENS FL 33418

2. Principal Place of Business
IMAGEWORKS, LLC

3. Mailing Address
SAME

Suite, Apt. #, etc.
121 HIDDEN HOLLOW DR.

Suite, Apt. #, etc.

City & State
P.B. GARDENS

City & State

Zip
33418

Country
PALM BEACH

Zip
Country

4. FEI Number
65-1098841

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KANDI, KAREN E
121 HIDDEN HOLLOW DRIVE
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
KAREN LANDI
SAME AS ABOVE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
MICHAEL LANDI
SAME AS ABOVE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

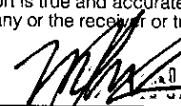
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

9-2-02

Date

(561) 627-1503

Daytime Phone #

CR2E083 (4/02)