


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # L01000008092 1. Entity Name DUMAS ART SERVICES, LLC		
Principal Place of Business 1599 MICHIGAN AVENUE WINTER PARK, FL 32789	Mailing Address 1599 MICHIGAN AVENUE WINTER PARK, FL 32789	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BAILEY, ELAINE DUMAS 429 GRAND VISTA TRAIL LEESBURG, FL 34748		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 <u>Elaine D. Bailey</u> <u>Elaine D Bailey</u> <u>2-3-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small> DATE		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DUMAS, JOHN 1599 MICHIGAN AVENUE WINTER PARK, FL 32789	
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 exemptions contained in Chapter 119, 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: <u>Elaine D Bailey</u> <u>2-3-06</u> <u>352</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 26-5922616	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

1000000423299
02/18/06-80002-012 50.00

**DO NOT WRITE
IN THIS SPACE**