

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90030 046 ****50.00

DOCUMENT # L01000008979

1. Entity Name
THE ART ADVENTURE, LLC



Principal Place of Business

**3411 MAIN HWY.
MIAMI, FL 33133**

Mailing Address

**3411 MAIN HWY.
MIAMI, FL 33133**

20029155

2. Principal Place of Business

19 OVERLOOK ROAD

3. Mailing Address

P.O. Box 294

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006

Chg-LLC

CR2E083 (11/05)

City & State

Hopkinton, MA.

City & State

Hopkinton, MA.

4. FEI Number

65-1111608

Applied For

Not Applicable

Zip

01748

Country

U.S.A

Zip

01748

Country

U.S.A

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANGEL M. GARCIA-OLIVER, P.A.
782 NW 42 AVENUE
SUITE 447
MIAMI, FL., FL 33126**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GARCIA-OLIVER, ANGEL M
782 NW 42 AV. SUITE 447
MIAMI, FL 33126** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ALONSO, DOMINGO
300 SEVILLA AVENUE
CORAL GABLES, FL 33134** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Luz Marina Llorente
19 OVERLOOK ROAD
Hopkinton, MA. 01748** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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 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: Luz Marina Llorente
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 10th /06 508-4354111
Date Daytime Phone #