

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

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90090 012 \*\*\*\*50.00

**DOCUMENT #** L01000010790

**1. Entity Name**

Bear Image LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

6404 Renwick Circle

Suite, Apt. #, etc.

**3. Mailing Address**

P.O. Box 47357

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Tampa, FL

**City & State**  
Tampa, FL

**4. FEI Number**

**Applied For**

☒ **Not Applicable**

**Zip**  
33647

**Country**  
USA

**Zip**  
33647

**Country**  
USA

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Albert J. Silva

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

6404 Renwick Circle

**City**

Tampa

**FL**

**Zip Code**  
33647

**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.**

**SIGNATURE**

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

**DATE**

3-28-02

**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  
Albert J. Silva  
6404 Renwick Circle  
Tampa, FL 33647

**TITLE**  
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**DO NOT WRITE  
IN THIS SPACE**

**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

**Date**

**Daytime Phone #**

3-28-02

813-999-4959

Albert J. Silva, Managing Member

CR2E083B (12/01)