

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000010790

1. Entity Name
BEAR IMAGE LLC



Principal Place of Business
6404 RENWICK CIRCLE
TAMPA, FL 33647

Mailing Address
6404 RENWICK CIRCLE
TAMPA, FL 33647



05032004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2079106

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SILVA, ALBERT J
6404 RENWICK CIRCLE
TAMPA, FL 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. 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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SILVA, ALBERT J
STREET ADDRESS 6404 RENWICK CIRCLE
CITY-ST-ZIP TAMPA, FL 33647

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U000000155539
05/05/04-B0042-006 \$5.00

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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)(f), 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, OR AUTHORIZED REPRESENTATIVE

ALBERT J. SILVA, MANAGING MEMBER

5/1/04

Date

813-979-4959

Daytime Phone #