

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90157 009 \*\*\*\*50.00

**DOCUMENT # L01000011844**

1. Entity Name

**COMMEMORATIVE IMAGES, LLC**



Principal Place of Business

**501 BRICKELL KEY DRIVE  
SUITE 504  
MIAMI FL 33131**

Mailing Address

**501 BRICKELL KEY DRIVE  
SUITE 504  
MIAMI FL 33131**

2. Principal Place of Business

**2351 SW 37th Ave.**

3. Mailing Address

**PMB PTY 3977**

Suite, Apt. #, etc.

**1112**

Suite, Apt. #, etc.

**P.O. Box 25207**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33145**

Country

Zip

**33102**

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, WESLEY M ESQ.  
501 BRICKELL KEY DRIVE  
SUITE 504  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**Matheney, A. Grover**

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

**2351 SW 37th Ave., #1112**

City

**Miami**

**FL**

Zip Code  
**33145**

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

**A. Grover Matheney**

**Feb 27-03**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **VP** **MATHENEY** ☐ Delete  
NAME **MATHERES, GROVER A**  
STREET ADDRESS **2351 SW 37TH AVE**  
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **P** ☐ Delete  
NAME **DINBERG, STEVEN**  
STREET ADDRESS **130 LANDSEER WAY**  
CITY-ST-ZIP **ATLANTA GA 30350**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

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

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

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:

**A. Grover Matheney**

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

Date

Daytime Phone #

CR2E083 (10/02)