2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 01000017269



FILED Jan 15, 2008 8:00 am Secretary of State

1. Entity Name P & R CANVAS, LLC							01-15-200	_		
2965 W. STATE ROAD 84				Mailing Address 2965 W. STATE ROAD 84 FORT LAUDERDALE, FL 33312						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082008	Chg-LLC	CR2E	083 (12/06)		
City & State		City & State			4. FEI Numbe 65-113			— ⊢	pplied For ot Applicable	
Zip	Zip Country		Zip	Country			of Status Desired	P	\$5.00 Add	ditional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
		,			Name		**-			
IRVINE, GEORGE M III							7 4 14		····	
2965 W. STATE ROAD 84 FORT LAUDERDALE, FL 33312				-	Street Address	s (P.O. Box Numbe	er is Not Acceptab	le)		
				-	City			FI	Zip Cod	le
9 The above	named ontitu	submits this statement for	r the purpose of changing its	ragistara	l office or regist	ered agent or he	th in the State of F		tamiliar with	and accent
	tions of register		in the purpose of changing ha	regialered	onice of regist	ered agent, or bor	in, in the state of	ionida. Ten	TIGITHIGE WHILE,	and accept
SIGNATURE	Signature, typed or	r printed name of registered agent	and trie if applicable. (NOT	E: Registered	Agent signature requi	red when renstating)		DATE		
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		EE IS \$138.75 ee will be \$538.75							payable to nent of Stat	e
			5	10.				a Departr	nent of Stat	e
After May		ee will be \$538.75	5				Florid	a Departr	nent of Stat	e ☐ Addition
After May	y 1, 2008 F	ee will be \$538.75	RS/MANAGERS	10.			Florid	a Departr	nent of Stat	
9.	VP COLLER, S	ee will be \$538.75	RS/MANAGERS	10.	ADORESS		Florid	a Departr	nent of Stat	
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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.

954-587-8400 × 114 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE 1.10-A Daytime Phone #