

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90005 002 ****50.00

DOCUMENT # L01000021015

1. Entity Name

AFTERIMAGE, LLC



Principal Place of Business

**151 SEVILLA AVE. SUITE 100
CORAL GABLES FL 33134**

Mailing Address

**151 SEVILLA AVE. SUITE 100
CORAL GABLES FL 33134**

2. Principal Place of Business

102 Giralda Avenue

Suite, Apt. #, etc.

3. Mailing Address

102 Giralda Ave

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number **65-1157708**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

M.J.F. REGISTERED AGENT CORP.

**153 SEVILLA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Jeffrey Stone

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

102 Giralda Avenue

City

Coral Gables

FL

Zip Code

33134

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.

Treasurer, AfterImage LLC

(NOTE: Registered Agent signature required when reinstating)

2/4/03

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 **MGRM** ☐ Delete
NAME **DE LEMOS, SHEILA**
STREET ADDRESS **151 SEVILLA AVE SUITE 100**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MGRM** ☐ Delete
NAME **STONE, JEFFREY**
STREET ADDRESS **151 SEVILLA AVE SUITE 100**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MGRM** ☐ Delete
NAME **HAVENICK, ISADORE**
STREET ADDRESS **151 SEVILLA AVE SUITE 100**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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
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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:

SIGNATURE REQUIRED

Jeffrey Stone, Treasurer

2/4/03

305 567428

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

Date

Daytime Phone #

CR2E083 (10/02)