

APPROVED
AND
FILED

03 OCT 22 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X Amended X

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

DOCUMENT # L01000021015			
1. Entity Name AFTERIMAGE, LLC			
Principal Place of Business 102 GIRALDA AVE MIAMI, FL 33134		Mailing Address 102 GIRALDA AVE MIAMI, FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1157708		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STONE, JEFFREY 102 GIRALDA AVE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name ISADORE H. HAVENICK Street Address (P.O. Box Number is Not Acceptable) 102 GIRALDA AVE 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 <i>[Signature]</i> DATE 10/16/03 (NOTE: Registered Agent signature required when amending)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LEMOS, SHEILA 151 SEVILLA AVE SUITE 100 CORAL GABLES, FL 33134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM De lemos, Sheila 102 GIRALDA AVE CORAL GABLES, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STONE, JEFFREY 151 SEVILLA AVE SUITE 100 CORAL GABLES, FL 33134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAVENICK, ISADORE 151 SEVILLA AVE SUITE 100 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAVENICK, ISADORE 102 GIRALDA AVE CORAL GABLES, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes. SIGNATURE: <i>[Signature]</i> ISADORE HAVENICK DATE 10/16/03 305-587-4288 SIGNATURE AND ADDRESS FOR FILING: NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CH2E003 (10/02)