

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90282 038 ****50.00

DOCUMENT # L02000014814

1. Entity Name
JORGE BLANCO SCULPTURE, LLC



Principal Place of Business
**3400 S. TAMiami TRAIL
SUITE 202
SARASOTA, FL 34239**

Mailing Address
**3400 S. TAMiami TRAIL
SUITE 202
SARASOTA, FL 34239**

2. Principal Place of Business
Dunlap & Moran, P.A.

3. Mailing Address
Dunlap & Moran, P.A.

Suite, Apt. #, etc.
1990 Main Street, Ste. 700

Suite, Apt. #, etc.
PO Box 3948

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip Country
34236 Sarasota

Zip Country
34230 Sarasota

03172005 Chg-LLC CR2E083 (10/03)

4. FEI Number
55-0790114

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUZIER, THOMAS B ESQ
3400 S. TAMiami TRAIL
SUITE 202
SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name
Luzier, Thomas B. Esq.
Street Address (P.O. Box Number is Not Acceptable)
Dunlap & Moran, P.A.
1990 Main Street, Suite 700
City
Sarasota **FL** Zip Code
34236

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 May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BLANCO, JORGE
835 S. OSPREY AVENUE
SARASOTA, FL 34236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Blanco, Jorge
2315 Florinda Street
Sarasota, FL 34231** ☒ Change ☐ Addition

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

TITLE
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STREET ADDRESS
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☐ 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 608, Florida Statutes.

SIGNATURE:

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

03/30/2005

Date

927 1010

Daytime Phone #