

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90176 038 ****50.00

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DOCUMENT # L02000018942

1. Entity Name

PINNACLE IMAGE, LLC



Principal Place of Business

**13014 NORTH DALE MABRY
SUITE 319
TAMPA FL 33618
US**

Mailing Address

**13014 NORTH DALE MABRY
SUITE 319
TAMPA FL 33618
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER & ASSOCIATES, P.L.C.
3302 AZEELE STREET
SUITE 200
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

MGR
NAME: POWELL, Richard R. Ste.
STREET ADDRESS: 13014 N. Dale Mabry 319
CITY-ST-ZIP: Tampa, FL. 33618

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

☐ Delete

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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

04/23/2003 800-380-1514

Date

Daytime Phone #

CR2E083 (10/02)