

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

2/1

02-17-2003 90004 016 ****50.00

DOCUMENT # L02000019727

1. Entity Name

SHECKY PICTURES, LLC



Principal Place of Business

1309 ST. JOHNS BLUFF ROAD, NORTH, SUITE 2
JACKSONVILLE FL 32225

Mailing Address

1309 ST. JOHNS BLUFF ROAD, NORTH, SUITE 2
JACKSONVILLE FL 32225

2. Principal Place of Business

1309 St. Johns Bluff Rd, N

Suite, Apt. #, etc.

Suite 6

3. Mailing Address

1309 St. Johns Bluff Rd, N

Suite, Apt. #, etc.

Suite 6

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32225

Country

USA

Zip

32225

Country

USA

☐ CHECK HERE IF MAKING CHANGES

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

SCHRUTT, JOSHUA

1309 ST. JOHNS BLUFF ROAD, NORTH, SUITE 2
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

Chad Shultz

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

1309 St. Johns Bluff Rd, N, Ste 6

City

Jacksonville

FL

Zip Code

32225

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
President
Joshua Schrott
1309 St. Johns Bluff Rd, N, Ste 6
Jacksonville, FL 32225

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

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

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

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

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 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)