

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025243

FILED
Jul 05, 2006
Secretary of State

Entity Name: CENTRAL ART SUPPLY COMPANY, LLC.

Current Principal Place of Business:

689 CENTRAL AVE
ST PETERSBURG, FL 33701

New Principal Place of Business:

1114 CENTRAL AVE
ST PETERSBURG, FL 33705

Current Mailing Address:

689 CENTRAL AVE
ST PETERSBURG, FL 33701

New Mailing Address:

1114 CENTRAL AVE
ST PETERSBURG, FL 33705

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JENNINGS, CLAUDIA S
689 CENTRAL AVE
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

JENNINGS, CLAUDIA S
1212 BRIGHTWATERS BOULEVARD
ST PETERSBURG, FL 33704 US

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.

SIGNATURE: CLAUDIA S. JENNINGS

07/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JENNINGS, CLAUDIA S
Address: 689 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JENNINGS, CLAUDIA S
Address: 1212 BRIGHTWATERS BLVD. NE
City-St-Zip: ST PETERSBURG, FL 33704

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLAUDIA STRANO JENNINGS

MGRM

07/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date