

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

03-01-2004 90313 047 ****50.00

DOCUMENT # L03000001401 1. Entity Name MURALS BY CONNIE, L.L.C.					
Principal Place of Business 14501-113 AERIES WAY DR. FT MYERS FL 33912			Mailing Address 14501-113 AERIES WAY DR. FT MYERS FL 33912		
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. <i>Same</i>		Suite, Apt. #, etc. <i>Same</i>			
City & State <i>Same</i>		City & State <i>Same</i>			
Zip <i>Same</i>	Country <i>Same</i>	Zip <i>Same</i>	Country <i>Same</i>	4. FEI Number <i>2</i> <div style="float: right;"> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent TANCREDI, CONNIE 14501-113 AERIES WAY DR. FT MYERS FL 33912	
7. Name and Address of New Registered Agent Name <i>Connie Tancredi</i> Street Address (P.O. Box Number is Not Acceptable) <i>14501 AERIES WAY DR</i> <i>FT MYERS, FL</i> Phone <i>239-768-3728</i> Zip Code <i>33912</i>				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>Connie Tancredi</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <i>This is a one man, small business. me alone - No one else -</i> </div> <div style="width: 50%; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 </div> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>owner</i> <i>Connie Tancredi</i> <i>14501-113 AERIES WAY DR</i> <i>FT MYERS, FL 33912</i> <i>(239-768-3728)</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>None</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>None</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>None</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>None</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>None</i>	
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: <i>Connie Tancredi</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					