

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90130 015 ****55.00

DOCUMENT # L03000011972

1. Entity Name
IRL PROMOTIONAL IMAGES, LLC



Principal Place of Business
710 ATLANTIS ROAD
MELBOURNE, FL 32904

Mailing Address
710 ATLANTIS ROAD
MELBOURNE, FL 32904

24000715



2. Principal Place of Business
598 Sherwood Ave
Suite, Apt. #, etc.

3. Mailing Address
598 Sherwood Ave
Suite, Apt. #, etc.

01062004 Chg-LLC CR2E083 (10/03)

City & State
Satellite Beach, FL
Zip 32937 Country

City & State
Satellite Beach FL
Zip 32937 Country

4. FEI Number
05-0565863

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE President
NAME Clark Langarra
STREET ADDRESS 598 Sherwood Ave
CITY-ST-ZIP Satellite Beach, FL 32937 ☐ Delete

TITLE Vice President
NAME Patrick C. Higgs
STREET ADDRESS 710 Atlantis Road
CITY-ST-ZIP Melbourne, FL 32904 ☐ Delete

TITLE Secretary/Treasurer
NAME Phillip E. Higgs
STREET ADDRESS 710 Atlantis Road
CITY-ST-ZIP Melbourne, FL 32904 ☐ 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

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

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

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

Date

Daytime Phone #

[Signature] Treasurer 1/6/03 721 724-1033