## 2005 LIMITED LIABILITY COMPANY .~ ANNUAL REPORT

## **DOCUMENT # L03000013459**

1. Entity Name FLAMINGO SIGNS, LLC



03-11-2005 90057 031 \*\*\*\*50.00

Mar 11, 2005 8:00 am Secretary of State

**FILED** 

Principal Place of Business

Mailing Address

2979 SE MONROE STREET STUART, FL 34997 2979 SE MONROE STREET STUART, FL 34997



02022005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	Applied For
65-1200934	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GRALAK, JENNIFER 1955 SW CASTINET LANE PORT ST. LUCIE, FL 34953

## DO NOT WRITE IN THIS SPACE

SIGNATURE_		d Agent signature required when reinstating)  Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2005			
-9	MANAGING MEMBERS/MANAGERS	The first of the second of the	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRALAK, ROBERT D 1955 SW G <del>ONTNERHIN</del> CASTINET LN PORT SAINT LUCIE, FL 34953		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRALAK, JENNIFER 1955 SW CASTINET LN PORT SAINT LUCIE, FL 34953		
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	The control of the co		
indicated	certify that the information supplied with this filing does not qualify for the exe I on this report is true and accurate and that my signature shall have the sam ability company or the receiver or trustee empowered to execute this report a	imption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am a managing member or manager of the s required by Chapter 608, Florida Statutes.	

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