

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90052 003 ****50.00

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1. Entity Name
BRUSHSTROKES LLC



Principal Place of Business
**550 SE MIZNER BLVD
SUITE 710
BOCA RATON, FL 33432**

Mailing Address
**550 SE MIZNER BLVD
SUITE 710
BOCA RATON, FL 33432**

60005574



2. Principal Place of Business - No P.O. Box #
ONE NORTH OCEAN BLVD

3. Mailing Address
ONE NORTH OCEAN BLVD

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

206

01212007 Chg-LLC CR2E083 (12/06)

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number
55-0841251

Applied For
Not Applicable

Zip
33432

Country
US

Zip
33432

Country
US

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

6. Name and Address of Current Registered Agent

**PETTONI, DINA -
550 SE MIZNER BLVD.
STE 710
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name

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

ONE NORTH OCEAN BLVD. #206

City **BOCA RATON**

FL

Zip Code **33432**

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **PETTONI, RICHARD G**
STREET ADDRESS **550 SE MIZNER BLVD. #509**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **ONE NORTH OCEAN BLVD. #206**
CITY-ST-ZIP **BOCA RATON FL 33432**

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

1/21/07

561-866-7757