

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000035945

1. Entity Name
IMAGINATIONS INTERIORS, LLC



FILED

04 SEP 30 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3001 N. DALE MABRY HIGHWAY
SUITE 101
TAMPA, FL 33614 US

Mailing Address

POST OFFICE BOX 272234
TAMPA, FL 33688 US

2. Principal Place of Business

8003 N DALE MABRY HWY
Suite 321
Tampa FL

3. Mailing Address

P.O. Box 272234
Suite, Apt. #, etc.
Tampa FL



09022004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

02-0706406

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORDON, SHELLY A
3401 CYPRESS HEAD COURT
TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name

DEON GORDON

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

23619 ABERCORN LN.

City

Land O. Lakes

FL

Zip Code

34639

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME GORDON, DEON H
STREET ADDRESS 3401 CYPRESS HEAD COURT
CITY-ST-ZIP TAMPA, FL 33618

TITLE MGRM ☒ Delete
NAME GORDON, SHELLY A
STREET ADDRESS 3401 CYPRESS HEAD COURT
CITY-ST-ZIP TAMPA, FL 33618

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 MGRM ☐ Change ☐ Addition
NAME GORDON, Shelly A.
STREET ADDRESS 23619 ABERCORN LN.
CITY-ST-ZIP Land O Lakes FL 34639

TITLE MGRM ☐ Change ☐ Addition
NAME GORDON, DEON H
STREET ADDRESS 23619 ABERCORN LN
CITY-ST-ZIP Land O Lakes FL 34639

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

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

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

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 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 #

(DEON GORDON MGRM)

9/4/04

813-928-4339