

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90027 009 ****50.00

DOCUMENT # L03000041994

1. Entity Name
IMAGINE INTERIORS AND ANTIQUES, LLC



Principal Place of Business
**168 EAST DOGWOOD
MONTICELLO, FL 32344 US**

Mailing Address
**115 RIDGELAND ROAD
TALLAHASSEE, FL 32312 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
690 N. JEFFERSON ST.
Suite, Apt. #, etc.

City & State
MONTICELLO, FL

Zip
32344 Country
USA



04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0354398

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BECKINGHAM, CORIN
115 RIDGELAND ROAD
TALLAHASSEE, FL 32312**

7. Name and Address of New Registered Agent

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

690 N. JEFFERSON ST.
City **MONTICELLO** FL Zip Code **32344**

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
BECKINGHAM, CORIN
115 RIDGELAND ROAD
TALLAHASSEE, FL 32312**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
SCHALL, DANIEL D
115 RIDGELAND ROAD
TALLAHASSEE, FL 32312**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**690 N. JEFFERSON ST
MONTICELLO, FL 32344**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**3924 Heather Drive
TALLAHASSEE, FL 32309**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Corin Beckingham

4/18/06 (850) 997-4408

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

Date

Daytime Phone #