


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 14, 2008 8:00 am
Secretary of State

08-14-2008 90036 011 ***143.75

DOCUMENT # L03000044148		
1. Entity Name ART ELITE, L.L.C.		

Principal Place of Business 1836 19TH AVE #2 VERO BEACH FL 32960 US	Mailing Address 1836 19TH AVE #2 VERO BEACH FL 32960 US
---	---

2. Principal Place of Business - No P.O. Box # 1725 6TH AVE #6 Suite, Apt. #, etc. APT 6	3. Mailing Address 1725 6TH AVE #6 Suite, Apt. #, etc. APT 6
--	--

City & State VERO BEACH, FL	City & State VERO BEACH, FL 32960	4. FEI Number 11-3709246	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32960	Country Indiana River	Zip 32960	Country Indiana River

6. Name and Address of Current Registered Agent BRYAN, DONNA FAYE 1836 19TH AVE 2 VERO BEACH FL 32960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	--	--

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 <i>Donna F. Bryan</i>	DATE <i>8-8-08</i>

<p>FILE NOW!!! FEE IS \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008</p>		<p>S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/></p>
--	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRYAN, DONNA FAYE 1836 19TH AVE 2 VERO BEACH FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1725 6TH AVE #6 VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Donna F. Bryan</i>	8-8-08 112-564-0118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	