

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Mar 16, 2005 8:00 am
Secretary of State

02-09-2005 90155 025 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L03000047502			
1. Entity Name ROSEBUD TATTOO APPAREL ART - CUSTOM EMBROIDERY, LTD. CO.			
Principal Place of Business 1024 ALTOONA AVENUE SPRING HILL FL 34609		Mailing Address 1024 ALTOONA AVENUE SPRING HILL FL 34609	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SIGMON, CINDY A 1024 ALTOONA AVENUE SPRING HILL FL 34609		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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIGMON, CINDY A 1024 ALTOONA AVENUE SPRING HILL FL 34609 <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	MGRM SIGMON, JEAN ALISON 1024 ALTOONA AVENUE SPRING HILL FL 34609 <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
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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: <i>Cindy A. Sigmon</i>		Date: <i>02/02/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

575F

ATTACHMENT

04-29-2004 ROSE 0 0134055888 SS-4

L0360004802

30001772

Keep this part for your records.

CP 575 F (Rev. 1-2004)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 F

0134055888

Your Telephone Number () Best Time to Call

DATE OF THIS NOTICE: 04-29-2004
EMPLOYER IDENTIFICATION NUMBER: 57-1203473
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501-0023
|||

ROSEBUD TATTOO APPAREL ART-CUSTOM
EMBROIDERY LTD CO
SCHNEIDER CINDY A SOLE MBR
1024 ALTOONA AVE
SPRING HILL FL 34609