

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90017 005 *****50.00

DOCUMENT # L04000004809

1. Entity Name
TRACIE BROWN ARTISTIC INTERIORS LLC



Principal Place of Business
16091 SIMS ROAD A101
DELRAY BEACH FL 33484

Mailing Address
16091 SIMS ROAD A101
DELRAY BEACH FL 33484

20047647



2. Principal Place of Business
16091 Sims Rd.
Suite, Apt. #, etc.
A101

3. Mailing Address
16091 Sims Road
Suite, Apt. #, etc.
A101

04222005 Chg-LLC CR2E083 (10/03)

City & State
Delray Beach, FL

City & State
Delray Beach FL

4. FEI Number
☒ Applied For
☐ Not Applicable

Zip
33484

Country
USA

Zip
33484

Country
USA

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

6. Name and Address of Current Registered Agent

STOCKEL, ERIC
LIBOW & MUSKAT LLP
3351 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33431

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.22.05

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BROWN, TRACIE
16091 SIMS ROAD, A101
DELRAY BEACH, FL 33484 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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10. ADDITIONS/CHANGES

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

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

Tracie Brown 4.22.05
MANAGING MEMBER