

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-29-2005 90038 012 ****50.00

DOCUMENT # L04000034163

1. Entity Name
IMPERIAL, LLC



Principal Place of Business
**3093 46TH AVENUE NORTH
ST. PETERSBURG, FL 33714**

Mailing Address
**3093 46TH AVENUE NORTH
ST. PETERSBURG, FL 33714**

30007978



2. Principal Place of Business

3. Mailing Address

9741 International Court N.
St. Petersburg, FL 33716

9741 International Court N.
St. Petersburg, FL 33716

01122005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1095374** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRIDGEN, GRADY C
3093 46TH AVENUE NORTH
ST. PETERSBURG, FL 33714**

Name

Street Address

City

**9741 International Court N.
St. Petersburg, FL 33716**

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 reappointing)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CONDO, LLC
3093 46TH AVENUE NORTH
ST. PETERSBURG, FL 33714** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**9741 International Court N.
St. Petersburg, FL 33716** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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CITY - ST - ZIP ☐ Delete

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

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 EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/18/05

Date

Daytime Phone