

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

2/6

FILED
Mar 24, 2008 8:00 am
Secretary of State

02-06-2008 90121 049 ***138.75

DOCUMENT # L04000039566 1. Entity Name IMELY PHOTOGRAPHY & VIDEO, LLC	
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Principal Place of Business 2424 WHIPPOORWILL CIRCLE SARASOTA, FL 34231	Mailing Address 2424 WHIPPOORWILL CIRCLE SARASOTA, FL 34231
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30006030



01252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1232577	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent IMELY, TIBOR 2424 WHIPPOORWILL CIRCLE SARASOTA, FL 34231
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IN THIS SPACE**

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 TIBOR IMELY #941-927-7032 1-31-2008
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IMELY, TIBOR 2424 WHIPPOORWILL CIRCLE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IMELY, GABRIELA 2424 WHIPPOORWILL CIRCLE SARASOTA, FL 34231
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: TIBOR IMELY 3/21/2008 941-927-7032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #