

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-09-2005 90006 019 ****50.00

DOCUMENT # L04000043750

1. Entity Name

APPLE ARTS, LLC



Principal Place of Business
9170 S.W. 14TH STREET #4402
BOCA RATON FL 33428

Mailing Address
9170 S.W. 14TH STREET #4402
BOCA RATON FL 33428

30006446



1st MOORE CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number
22-3906046

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

LAV, CAROL
9170 S.W. 14TH STREET #4402
BOCA RATON FL 33428

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 sole if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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
LAV, CAROL
9170 S.W. 14TH STREET #4402
BOCA RATON FL 33428 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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: *Carol Lav*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/31/05

561-482-8099

Date Daytime Phone #

ATTACHMENT
30006446

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Ref. # L04000043750

Dear Representative:

Attached please find the Limited Liability Company annual report for Apple Arts, LLC that was returned due to a missing FEI #. We filed for one number but received 2 FEI #'s from the IRS and have now clarified which was the proper # which is recorded on the annual report.

This process with the IRS took longer than anticipated. If you require any further information at this time please contact me at 561-852-3686 or sterna@bellsouth.net

Sincerely,



Allen Stern
Accountant