

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066241

FILED
Jul 08, 2005
Secretary of State

Entity Name: PROVERBIAL IMAGES, LLC

Current Principal Place of Business:

3877 B POMPANO DR. SE
ST. PETERSBURG, FL 33705

New Principal Place of Business:

3877 POMPANO DR. SE
B
ST. PETERSBURG, FL 33705

Current Mailing Address:

3877 B POMPANO DR. SE
ST. PETERSBURG, FL 33705

New Mailing Address:

3877 POMPANO DR. SE
B
ST. PETERSBURG, FL 33705

FEI Number: 20-1606575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEMAINE, CHRIS
Address: 3877 B POMPANO DR. SE
City-St-Zip: ST. PETERSBURG, FL 33705

Title: MGRM () Delete
Name: MONTELAURO, KRISTINA
Address: 3877 B POMPANO DR. SE
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHRIS DEMAINE

MGRM

07/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date