

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90297 014 ****62.00

DOCUMENT # L05000009883

1. Entity Name
AMAZING GRAPHICS, L.L.C.



Principal Place of Business
**293 MARACA STREET
PUNTA GORDA, FL 33983**

Mailing Address
**293 MARACA STREET
PUNTA GORDA, FL 33983**



2. Principal Place of Business

**5004 E FOWLER AVE
Suite, Apt. #, etc.
C-312**

3. Mailing Address

**5004 E FOWLER AVE
Suite, Apt. #, etc.
C-312**

03112006 Chg-LLC CR2E083 (11/05)

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

810665471

Applied For

Not Applicable

Zip

33612

Country

USA

Zip

33612

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUNTER, DAMIEN
293 MARACA STREET
PUNTA GORDA, FL 33983**

**HUNTER, DAMIEN
5004 E FOWLER AVE
STE C-312
TAMPA FL 33612**

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 admits 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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-06

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **HUNTER, DAMIEN**
STREET ADDRESS **293 MARACA STREET**
CITY-ST-ZIP **PUNTA GORDA, FL 33983**

TITLE **MGR** ☐ Delete
NAME **MURRAY, JONATHAN**
STREET ADDRESS **293 MARACA STREET**
CITY-ST-ZIP **PUNTA GORDA, FL 33983**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **HUNTER, DAMIEN**
STREET ADDRESS **5004 E FOWLER AVE STE C-312**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **MGR** ☒ Change ☐ Addition
NAME **MURRAY, JONATHAN**
STREET ADDRESS **5004 E FOWLER AVE STE C-312**
CITY-ST-ZIP **TAMPA FL 33612**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

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

(MGR)

3-10-06

Date

813 965 5097

Daytime Phone #