

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90107 034 ****50.00

DOCUMENT # L05000021456

1. Entity Name

SELWIN PHOTOS, LLC



Principal Place of Business

3739 S. TUTTLE AVENUE
SARASOTA FL 34239

Mailing Address

3739 S. TUTTLE AVENUE
SARASOTA FL 34239



2. Principal Place of Business - No P.O. Box #

706 North Orange Avenue
Suite, Apt. #, etc.

3. Mailing Address

706 North Orange Avenue
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

37-1508925

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SHERRILL
330 SOUTH ORANGE AVENUE
SARASOTA FL 34236

Delete

7. Name and Address of New Registered Agent

Name Lynn Elkes

Street Address (P.O. Box Number is Not Acceptable)

706 North Orange Avenue

Sarasota

City

FL

Zip Code
34236

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

Lynn Elkes, owner & photographer 4/16/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ELKES, LYNN
STREET ADDRESS 3739 S TUTTLE AVE
CITY-ST-ZIP SARASOTA FL 34-2399 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE OWNER/MANAGER
NAME LYNN ELKES
STREET ADDRESS 706 North Orange Avenue
CITY-ST-ZIP SARASOTA, FLORIDA 34236 ☒ Change ☐ Addition

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

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

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

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

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 exemptions contained in Section 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:

Lynn Elkes

4/16/07 941-953
6544

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

Date

Daytime Phone #