

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-06-2006 90207 004 ****50.00

DOCUMENT # L05000024228

1. Entity Name

SPLENDID EFFECTS, LLC



Principal Place of Business

25385 SANDHILL BOULEVARD, APT. B-1
PUNTA GORDA FL 33983

Mailing Address

25385 SANDHILL BOULEVARD, APT. B-1
PUNTA GORDA FL 33983



2. Principal Place of Business

23087 Peyton PL.

Suite, Apt. #, etc.

3. Mailing Address

23087 Peyton PL.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Port Charlotte, Florida

City & State

Port Charlotte Florida

4. FEI Number

20-2471935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENNELLY, MARY J
25385 SANDHILL BOULEVARD, APT. B-1
PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent

Name

Hennelly, Mary J.

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

23087 Peyton PL.

City

Port Charlotte

FL

Zip Code

33952

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 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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HENNELLY, MARY J
STREET ADDRESS 25385 SANDHILL BOULEVARD, APT. B-1
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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Hennelly, Mary J.
STREET ADDRESS 23087 Peyton PL.
CITY-ST-ZIP Port Charlotte FL 33952

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 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:

Mary J Hennelly MARY J Hennelly

2/24/06

941-624-5467

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

Date

Daytime Phone #