2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 01, 2006 8:00 am **Secretary of State**

01-12-2006 90037 007 ****50.00

D A Principal Place of Business Mailing Address 30000184 7575 NW 50TH ST 7575 NW 50TH ST MIAMI, FL 33166 **MIAMI, FL 33166** 2, Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALOZ-DANIEL Street Address (P.O. Box Number is Not Acceptable) 7575 NW 50TH ST MIAMI, FL 33166 Zip Code B. 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. Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10 MGR TITLE Change ☐ Addition Detete GONZALEZ DANIEL GONZALOZ, DANIEL NAME STREET ADDRESS 7575 NW 50TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP MGRM GONZALBZ JUAN A. TITLE Chango Delete TITLE Addition NAME GONZALOZ, JUAN A NAME STREET ADDRESS 7575 NW 50TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TILE MILE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ITLE Ociete ☐ Change ~☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP a fling does not qualify for the exemptions contained in Chapter 119, Florida Statules. I further certify that the information in my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the provinced to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplies indicated on this report is true and acclimited liability company or the receive

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2006

AGNUS IMAGES LLC 7575 NW 50TH ST MIAMI, FL 33166

Subject: AGNUS IMAGES LLC

Reference Number:

L05000030629

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al ANNUAL REPORTS SECTION