

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90096 042 ***138.75

DOCUMENT # L05000036586

1. Entity Name
BLUE RIDGE ART & GRAPHICS, LLC



Principal Place of Business
**80 VENETIAN DR.
S102
DELRAY BEACH, FL 33483**

Mailing Address
**5970 SW 18TH ST
SUITE 230
BOCA RATON, FL 33433**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3059131

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RUTTNER, MITCHEL
3114 PIERSON DRIVE
DELRAY BEACH, FL 33483~~

Name **IOANA IORGULESCU**

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

5782 WINDRIPT LN

City **BOCA RATON**

FL

Zip Code **33433**

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 if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
DENTON, ROBERT
80 VENETIAN DR., S102
DELRAY BEACH, FL 33483** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
STANA, DORIN
5970 S.W. 18TH STREET #230
BOCA RATON, FL 33433** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CIOCAN, VLADIMIR
5970 S.W. 18TH STREET #230
BOCA RATON, FL 33433** ☐ Delete

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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

Date

Daytime Phone #

1/22/08 (954) 422-5750