

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000044647

1. Entity Name
IMAGINE DESIGNWORKS, LLC



Principal Place of Business

**1734 BOXENEY COURT
ORLANDO, FL 32837**

Mailing Address

**1734 BOXENEY COURT
ORLANDO, FL 32837**



04242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2796637

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STERN, PETER J
1734 BOXENEY COURT
ORLANDO, FL 32837**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

U00000930583
05/21/08-80116-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STERN, PETER J 1734 BOXENEY COURT ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOLNAR, ROBERT 1734 BOXENEY COURT ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANCE, BARBARA 1734 BOXENEY COURT ORLANDO, FL 32837
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

Robert J. Molnar MGR

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

4-25-08 407.251.0600

Date

Daytime Phone #