


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90015 020 \*\*\*\*50.00

DOCUMENT # L05000076226		
1. Entity Name ARTISTIC SERVICES, LLC		

Principal Place of Business 922 E. 124TH AVENUE, SUITE A TAMPA, FL 33612	Mailing Address 922 E. 124TH AVENUE, SUITE A TAMPA, FL 33612
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04062006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>20-3254939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

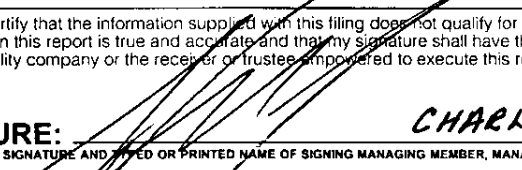
6. Name and Address of Current Registered Agent	
MARKSBERRY, CHARLES 922 E. 124TH AVENUE, SUITE A TAMPA, FL 33612	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARKSBERRY, CHARLES 922 E. 124TH AVENUE, SUITE A TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	CHARLES H. MARKSBERRY 4/17/06 813-610-7957 Date Daytime Phone #

# STRALEY ROBIN & WILLIAMS

Attorneys At Law

**ATTACHMENT**

20033915  
#105000076226

April 18, 2006

**CERTIFIED MAIL #7004 1160 0003 5913 6545**  
**RETURN RECEIPT REQUESTED**

Florida Department of State  
Division of Corporations  
P. O. Box 6478  
Tallahassee, Florida 32314

**Re: Artistic Services, LLC**  
**Our File Number 1258-1**

Dear Sir or Madam

We are enclosing for filing the 2006 Limited Liability Company Annual Report for the above-referenced entity, along with a check in the amount of \$50.00 for the filing fee.

Please give us a call if you have any questions.

Very truly yours,

**STRALEY ROBIN & WILLIAMS**

  
Lynn A. Hoodless, Paralegal

/lah  
Enclosure  
cc Charles Marksberry