

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000078120

**Entity Name:** CONCEPTUAL IMAGES, LLC

**FILED**  
**Dec 24, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

7926 SIENNA SPRINGS DRIVE  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

7926 SIENNA SPRINGS DRIVE  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 47-0958348      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FULLER, LLOYD  
7926 SIENNA SPRINGS DRIVE  
LAKE WORTH, FL 33463 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: LLOYD FULLER

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Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FULLER, LLOYD  
Address: 7926 SIENNA SPRINGS DRIVE  
City-St-Zip: LAKE WORTH, FL 33463

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: CRAVENS, ROMA  
Address: 5345 WOODS WEST DRIVE  
City-St-Zip: LAKE WORTH, FL 33463

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROMA CRAVENS

MGRM

12/24/2008

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date