

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90069 029 \*\*\*\*50.00

**DOCUMENT # L05000082297**

1. Entity Name  
**HUTH & BOOTH PHOTOGRAPHIC ARTISTS, LLC**



Principal Place of Business  
11705 BOYETTE ROAD  
SUITE 506  
RIVERVIEW, FL 33569 US

Mailing Address  
11705 BOYETTE ROAD  
SUITE 506  
RIVERVIEW, FL 33569 US

**20003000**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number

**20-3331032**

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

**LASMAN LAW FIRM, P.A.**  
**6152 DELANCEY STATION STREET**  
**SUITE 205**  
**RIVERVIEW, FL 33569**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM**  
**HUTH, ELISABETH H**  
**11705 BOYETTE ROAD, SUITE 506**  
**RIVERVIEW, FL 33569**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**MGRM**  
**BOOTH, EDWARD W**  
**11705 BOYETTE ROAD, SUITE 506**  
**RIVERVIEW, FL 33569**

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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:** *Elisabeth H. Huth*

**1-24-06 813-476-7173**

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

Date

Daytime Phone #