

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90033 009 ****50.00

DOCUMENT # L05000086034

1. Entity Name
A ROOM WITH A HUE, LLC



Principal Place of Business
**POST OFFICE BOX 147
BRADENTON, FL 34201**

Mailing Address
**12518 CORTEZ ROAD WEST
BRADENTON, FL 34209**



2. Principal Place of Business

Post Office Box 147

3. Mailing Address

12518 Cortez Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112006 Chg-LLC CR2E083 (11/05)

City & State

Cortez, Florida

City & State

Cortez, Fl.

4. FEI Number

Applied For

☒ Not Applicable

Zip

34215

Country

USA

Zip

34215

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NICHOLAS, ANN MARIE
1119 MALLORCA DRIVE
BRADENTON, FL 34209**

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

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

(NOTE: Registered Agent signature required when reinstating)

4/6/06
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
**MGR
NICHOLAS, ANNMARIE
12518 CORTEZ ROAD WEST
BRADENTON, FL 34201** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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:

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

4/6/06 941-792-9174
Date Daytime Phone #