

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90112 002 ****50.00

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1. Entity Name

INVESTMENT MARKETING LLC

Principal Place of Business
2611 BAYSHORE BLVD.
701
TAMPA FL 33629

Mailing Address
2611 BAYSHORE BLVD.
701
TAMPA FL 33629



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

City & State

4. FEI Number

20-3840193

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OWENS, MICKEY
2611 BAYSHORE BLVD.
701
TAMPA FL 33629

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

Mickey Owens

7-31-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to: Florida Department of State
Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE *MANAGER* ☐ Delete
NAME *ALICE M. OWENS*
STREET ADDRESS *2611 BAYSHORE BLVD #701*
CITY - ST - ZIP *TAMPA, FL 33629*

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

TITLE *MANAGER* ☐ Delete
NAME *KARIS E. OWENS*
STREET ADDRESS *2611 BAYSHORE BLVD #701*
CITY - ST - ZIP *TAMPA, FL 33629*

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

TITLE *MANAGER* ☐ Delete
NAME *SHIRLEY L. BOYKIN*
STREET ADDRESS *2611 BAYSHORE BLVD #701*
CITY - ST - ZIP *TAMPA, FL 33629*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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

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:

Mickey Owens

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

Date

Daytime Phone #