

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010724

FILED  
Mar 21, 2008  
Secretary of State

Entity Name: MUGSHOTS OF ALTAMONTE SPRINGS, LLC

**Current Principal Place of Business:**

1022 W SR 436  
1022  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

5601 CRAINDALE DRIVE  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 20-4241777      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LICATA, CHRISTOPHER  
5601 CRAINDALE DRIVE  
ORLANDO, FL 32819      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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LICATA, CHRISTOPHER  
Address: 5601 CRAINDALE DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: LICATA, NANCY  
Address: 5601 CRAINDALE DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM ( ) Change (X) Addition  
Name: LICATA, TIFFANY  
Address: 5601 CRAINDALE DRIVE  
City-St-Zip: ORLANDO, FL 32819

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: CHRISTOPHER LICATA

MGRM

03/21/2008

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