

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90078 023 \*\*\*150.00

**DOCUMENT # L06000024207**

1. Entity Name  
PMG PICTURES.COM, LLC



Principal Place of Business  
14440 PIERSON ROAD  
WELLINGTON, FL 33414

Mailing Address  
13833 WELLINGTON TRACE, UNIT E-4, #221  
WELLINGTON, FL 33414

**60000854**



01072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4647766

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PHELPS, MASON JR  
14440 PIERSON ROAD  
WELLINGTON, FL 33414

**DO NOT WRITE  
IN THIS SPACE**

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

*Mason Phelps Jr*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*1/7/08*

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
LLEWELLYN, PETER  
14440 PIERSON ROAD  
WELLINGTON, FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Mason Phelps Jr*  
Signature and typed or printed name of signing managing member, or authorized representative

Date

Daytime Phone #

*1/7/08*