

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057229

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: ALATORRE FINE ART LLC

## Current Principal Place of Business:

17277 DEER RUN DR  
ORLANDO, FL 32820

## New Principal Place of Business:

1913 LA SALLE ST  
TAMPA, FL 33607

## Current Mailing Address:

17277 DEER RUN DR  
ORLANDO, FL 32820

## New Mailing Address:

1913 LA SALLE ST  
TAMPA, FL 33607

FEI Number: 20-5741019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOWSER, STEPHANIE  
17277 DEER RUN DR  
ORLANDO, FL 32820 US

## Name and Address of New Registered Agent:

ALATORRE-MARTIN, KRISTEN  
1913 LA SALLE ST  
TAMPA, FL 33607 US

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: KRISTEN ALATORRE-MARTIN

04/30/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BOWSER, STEPHANIE  
Address: 17277 DEER RUN DR  
City-St-Zip: ORLANDO, FL 32820

Title: MGR ( ) Delete  
Name: ALATORRE-MARTIN, KRISTEN  
Address: 17277 DEER RUN DR  
City-St-Zip: ORLANDO, FL 32820

## ADDITIONS/CHANGES:

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

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

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: KRISTEN ALATORRE-MARTIN

MANA

04/30/2008

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