

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

02-23-2007 90205 014 ****50.00

DOCUMENT # L06000065333			
1. Entity Name ELITE IMAGE, LLC			
Principal Place of Business 591 NW 182ND WAY PEMBROKE PINES, FL 33029		Mailing Address 591 NW 182ND WAY PEMBROKE PINES, FL 33029	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent COBO, MONICA 591 NW 182ND WAY PEMBROKE PINES, FL 33029		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		7. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
COBO, MONICA 591 NW 182ND WAY PEMBROKE PINES, FL 33029		Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
10. I, the above named entity, submit 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: _____ DATE: _____			
Filing Fee is \$60.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONAL CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COBO, MONICA 591 NW 182ND WAY PEMBROKE PINES, FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 609, Florida Statutes.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 609, Florida Statutes.

SIGNATURE: _____