

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90014 018 ****50.00

DOCUMENT # L06000082261

1. Entity Name
LABYRINTH ARTS, LLC



Principal Place of Business
2824 N. MORNINGSIDES COURT
OVIEDO, FL 32765

Mailing Address
2824 N. MORNINGSIDES COURT
OVIEDO, FL 32765

2. Principal Place of Business - No P.O. Box #
2849 N. Morningside Ct.
Suite, Apt. #, etc.

3. Mailing Address
2849 N. Morningside Ct.
Suite, Apt. #, etc.



07122007 Chg-LLC CR2E083 (12/06)

City & State
Oviedo, FL
Zip
32765
Country
USA

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Oviedo, FL
Zip
32765
Country
USA

4. FFI Number
65-1287881
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOLDMAN, LOYD
2824 N. MORNINGSIDES COURT
OVIEDO, FL 32765

7. Name and Address of New Registered Agent

Name
Loyd Boldman
Street Address (P.O. Box Number is Not Acceptable)
2849 N. Morningside Ct.
City
Oviedo FL
FL
Zip Code
32765

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 *X Loyd Boldman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/13/07
DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOLDMAN, LOYD 2824 N. MORNINGSIDES COURT OVIEDO, FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X Loyd Boldman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/13/07 407-366-9768
Date Daytime Phone #