


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90258 005 \*\*\*138.75

DOCUMENT # **L06000082607**

1. Entity Name  
 Virtual Impressions LLC



Principal Place of Business Mailing Address

**8351 38th St. Cir. E Unit 102**  
**Sarasota, FL 34243**


2. Principal Place of Business - No P.O. Box #  
**8351 38th St. Cir Unit 102**

3. Mailing Address  
**Same**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Same Same**

City & State City & State  
**Sarasota Same**

Zip Country Zip Country  
**34243 US Same Same**



Chg-LLC  CR2E083 (12/06)

4. FEI Number **20-5411253** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**Terri Lindsay**  
 **8351 38th St. Cir Unit 102**  
 **Sarasota, FL 34243**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_


Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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 **TDL 5/5/08 Owner Terri Lindsay** DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |   |  |
|--|---|--|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>Due by September 12, 2008</b> |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|--|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> <b>Owner</b><br><input checked="" type="checkbox"/> <b>Terri Lindsay</b><br><input checked="" type="checkbox"/> <b>8351 38th St. Cir. Unit 102</b><br><input checked="" type="checkbox"/> <b>Sarasota, FL 34243</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: **TDL 5/5/08 Owner Terri Lindsay** 941-730 1459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #