

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082607

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: VIRTUAL IMPRESSIONS LLC

**Current Principal Place of Business:**

5208 SUMMERWOOD CT.  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

5208 SUMMERWOOD CT.  
SARASOTA, FL 34233

**New Mailing Address:**

FEI Number: 20-5411253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TERRI, LINDSAY  
8351 38TH ST CIR UNIT 102  
SARASOTA, FL 34243 US

**Name and Address of New Registered Agent:**

TERRI, LINDSAY  
5208 SUMMERWOOD CT  
SARASOTA, FL 34233 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: TERRI LINDSAY

04/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LINDSAY, TERRI  
Address: 8351 38TH ST CIR UNIT 102  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LINDSAY, TERRI  
Address: 5208 SUMMERWOOD CT  
City-St-Zip: SARASOTA, FL 34233

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: TERRI LINDSAY

MS.

04/26/2009

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