

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90157 024 *****50.00

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1. Entity Name

DOLPHIN BREEZE PHOTOGRAPHY LLC



Principal Place of Business

Mailing Address

3321 W BALLEST PT BLVD
TAMPA FL 33611-3903

3321 W BALLEST PT BLVD
TAMPA FL 33611-3903



2. Principal Place of Business - No P.O. Box #

3211 W Ballast Pt Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Tampa FL

City & State

4. FEI Number

20-5842548

Applied For

Not Applicable

Zip

33611

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, JEANETTE L
3321 W BALLEST PT BLVD
TAMPA FL 33611-3903

7. Name and Address of New Registered Agent

Name Williamson, Jeanette L.

Street Address (P.O. Box Number is Not Acceptable)
3211 W Ballast Pt Blvd

City Tampa FL Zip Code 33611

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

Jeanette L. Williamson Jeanette L. Williamson 4-2-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WILLIAMSON, JEANETTE L
STREET ADDRESS 3321 W BALLEST PT BLVD
CITY-ST-ZIP TAMPA FL 33611-3903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 3211 W Ballast Pt Blvd
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jeanette L. Williamson Jeanette L. Williamson 4-2-07 813-928-7245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #