## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Jul 14, 2008 8:00 am Secretary of State DOCUMENT # L06000085736 07-14-2008 90098 023 \*\*\*138.75 ERIC B. WELLS PHOTOGRAPHY, LLC Principal Place of Business Mailing Address 1931 SE 18TH ST 1931 SE 18TH ST POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082008 Cha-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 20-5510144 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WELLS, ERIC B Street Address (P.O. Box Number is Not Acceptable) 1931 SE 18TH ST POMPANO BEACH, FL 33062 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) FILE NOWIII FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR. TITLE ☐ Delete TITLE ☐ Change Addition WELLS. ERIL B 1931 SE 184 ST WELLS, ERIG B NAME NAME STREET ADDRESS 2008 JACKSÓN STREET, C1 STREET ADDRESS HOLLYWOOD, FL 33020 CITY-ST-ZIP CITY-ST-ZIP Pombano Reach, FL 33062 TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THUE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 11. I hereby certify that the information supplied with this liling 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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

FRICE, WELL)

FILED