

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90263 001 ***138.75
04-14-2008 90263 002 *****5.00

30003045



DOCUMENT # L06000109499

1. Entity Name
ART BY GISELA MARKETING, L.L.C.



Principal Place of Business Mailing Address
XXXXXX XXXX XXXX XXXX XXXX
C/O KENT HUFFMAN
PALM BEACH, FL 33480
XXXXXX XXXX XXXX XXXX XXXX

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
c/o Kent Huffman, Esq.
Suite, Apt. #, etc. Suite, Apt. #, etc.
515 N. Flagler Dr., #801
City & State City & State
West Palm Beach, FL
Zip Country Zip Country
33401 USA 33401 USA

01222008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
11-3793888 Not Applicable

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

6. Name and Address of Current Registered Agent
PFERDEKREMPER, HORST E
3037 BUCK RIDGE TR
LOXAHATCHEE, FL 33470

7. Name and Address of New Registered Agent
Kent Huffman, Esq.
Street Address (P.O. Box Number is Not Acceptable)
515 North Flagler Drive
Suite 801
City Zip Code
West Palm Beach, FL 33401

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 **Kent Huffman, Esquire** DATE **January 28, 2008**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PFERDEKAEMPER, HORST-EWALD 3037 BUCK RIDE TR LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **Mgr.** **04-10-08** **(561) 753 0819**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #