

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067861

Entity Name: ART REALTY GROUP, LLC

FILED  
Aug 17, 2009  
Secretary of State

**Current Principal Place of Business:**

8753 WELLINGTON VIEW DRIVE  
WELLINGTON, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

8753 WELLINGTON VIEW DRIVE  
WELLINGTON, FL 33411

**New Mailing Address:**

FEI Number: 26-2965172      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

TROIS, AUDREY  
8753 WELLINGTON VIEW DR  
WEST PALM BEACH, FL 33411      US

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

TROIA, AUDREY  
8753 WELLINGTON VIEW DR  
WEST PALM BEACH, FL 33411      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: AUDREY TROIA

08/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: TROIA, ROSARIO D  
Address: 8753 WELLINGTON VIEW DRIVE  
City-St-Zip: WELLINGTON, FL 33411

Title: P      ( ) Delete  
Name: TROIA, ROSARIO D  
Address: 8753 WELLINGTON VIEW DRIVE  
City-St-Zip: WELLINGTON, FL 33411

Title: MGR      ( ) Delete  
Name: TROIA, AUDREY M  
Address: 8753 WELLINGTON VIEW DRIVE  
City-St-Zip: WELLINGTON, FL 33411

Title: S      ( ) Delete  
Name: TROIA, AUDREY M  
Address: 8753 WELLINGTON VIEW DRIVE  
City-St-Zip: WELLINGTON, FL 33411

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AUDREY TROIA

S

08/17/2009

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