

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90084 003 ***138.75

DOCUMENT # L07000082918

1. Entity Name

PICTURE THIS OF NORTH FORT MYERS, LLC



Principal Place of Business

424 SE 29TH STREET
CAPE CORAL FL 33904
US

Mailing Address

13971 N. CLEVELAND AVE
SUITE #17
NORTH FORT MYERS, FL 33909
US



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

13971 N. CLEVELAND AVE
SUITE #17
#17

3. Mailing Address

13971 N. CLEVELAND AVE
SUITE #17
#17

City & State

NORTH FT MYERS, FL

Zip 33903

Country USA

City & State

NORTH FT MYERS, FL

Zip 33904

Country USA

4. FEI Number

26-0715323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 signature required when reinstating)

DATE

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

TITLE MGRM
NAME KINSLEY, DENISE R
STREET ADDRESS 424 SE 29TH STREET
CITY-ST-ZIP CAPE CORAL FL 33904

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Denise R Kinsley DENISE R. KINSLEY

3/3/08

(239)652-6810

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

Date

Daytime Phone #