

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116427

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** ARTWORK PICTURES, LLC

**Current Principal Place of Business:**

1520 TWIN OAKS CIR.  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 621619  
OVIEDO, FL 32762 US

**New Mailing Address:**

1520 TWIN OAKS CIR.  
OVIEDO, FL 32765 US

**FEI Number:** 33-1190755

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICHEL, BENJAMIN  
1520 TWIN OAKS CIR.  
OVIEDO, FL 32765 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MICHEL, BENJAMIN  
**Address:** 1520 TWIN OAKS  
**City-St-Zip:** OVIEDO, FL 32765 US

**Title:** MGRM  
**Name:** SIMAN, ALEKSEY  
**Address:** 1520 TWIN OAKS CIR.  
**City-St-Zip:** OVIEDO, FL 32765 US

I hereby 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:** BENJAMIN MICHEL

MR.

05/01/2012

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