

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123301

FILED
Apr 28, 2009
Secretary of State

Entity Name: IMAGEWORKS INTERNATIONAL, LLC

Current Principal Place of Business:

7300 BRYAN DAIRY ROAD
450
LARGO, FL 33777

New Principal Place of Business:

Current Mailing Address:

7300 BRYAN DAIRY ROAD
450
LARGO, FL 33777

New Mailing Address:

604 55TH AVE
ST PETE, FL 33706

FEI Number: 51-0659062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNATI, ALVIN A JR.
7300 BRYAN DAIRY ROAD
450
LARGO, FL 33777 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: MGR () Delete
Name: BENNATI, ALVIN A JR
Address: 7300 BRYAN DAIRY ROAD #450
City-St-Zip: LARGO, FL 33777

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BENNATI, ALVIN A JR
Address: 604 55TH AVE
City-St-Zip: ST. PETE, FL 33706

Title: MGR () Change (X) Addition
Name: SALATA, MARINA
Address: 604 55TH AVE.
City-St-Zip: ST PETE, FL 33706

Title: MGR () Change (X) Addition
Name: MOCKABEE, WILLIAM
Address: 604 55TH AVE
City-St-Zip: ST. PETE, FL 33706

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: ALVIN A. BENNATI JR.

MGR

04/28/2009

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