

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000047053

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** HEART FOR ART WEST PALM BEACH LLC

**Current Principal Place of Business:**

14352 HORSESHOE TRACE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

14352 HORSESHOE TRACE  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 38-3795569

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ERICKSON, GAIL  
14352 HORSESHOE TRACE  
WPB, FL 33414 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  
**Name:** ERICKSON, GAIL  
**Address:** 14352 HORSESHOE TRACE  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** S  
**Name:** ERICKSON, GAIL  
**Address:** 14352 HORSESHOE TRACE  
**City-St-Zip:** WELLINGTON, FL 33414

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:** GAIL ERICKSON

MGR

02/16/2011

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