

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000053312

**FILED  
Apr 06, 2010  
Secretary of State**

**Entity Name:** ARTISTIC EYE FINE ART SERVICES, LLC

**Current Principal Place of Business:**

1425 SE 43RD AVE  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3293  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 26-2669963      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HAMMOND, LESLIE PH.D.  
1425 SE 43RD AVE  
OCALA, FL 34471 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: HAMMOND, LESLIE PH.D.  
Address: 1425 SE 43RD AVE  
City-St-Zip: OCALA, FL 34471 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: LESLIE HAMMOND

MGR

04/06/2010

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