

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065083

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: ADVENT ARTIFACTS, LLC

**Current Principal Place of Business:**

4173 MARSEILLES AVENUE  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

2300 BEE RIDGE ROAD  
SARASOTA, FL 34239 US

**Current Mailing Address:**

4173 MARSEILLES AVENUE  
SARASOTA, FL 34233 US

**New Mailing Address:**

2300 BEE RIDGE ROAD  
SARASOTA, FL 34239 US

FEI Number: 26-3003840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MARTINEZ, CAMILLE  
4173 MARSEILLES AVENUE  
SARASOTA, FL 34233 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: MARTINEZ, CAMILLE  
Address: 4174 MARSEILLES AVENUE  
City-St-Zip: SARASOTA, FL 34233 US

Title: MGR ( ) Delete  
Name: MARTINEZ, STEPHEN  
Address: 5 CEDAR REEF DRIVE, UNIT D-217  
City-St-Zip: ST. HELENA ISLAND, SC 29920 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CAMILLE MARTINEZ

MGR

04/23/2009

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