

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000114857

**FILED**  
**Jul 26, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA ARTIST GALLERY, LLC

**Current Principal Place of Business:**

7731 OLD FLORAL CITY ROAD  
UNIT #4  
FLORAL CITY, FL 34436

**New Principal Place of Business:**

**Current Mailing Address:**

7731 OLD FLORAL CITY ROAD  
UNIT #4  
FLORAL CITY, FL 34436

**New Mailing Address:**

7737 OLD FLORAL CITY ROAD  
FLORAL CITY, FL 34436

**FEI Number:** 27-1426952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KUCHLING, EDMUND P  
1086 N. CHANCE WAY  
INVERNESS, FL 34453 US

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

COVINGTON, ANN  
10767 E FLOUNDER DRIVE  
FLORAL CITY, FL 34436 US

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: ANN COVINGTON

07/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRS  
Name: COVINGTON, ANN  
Address: 10767 E FLOUNDER DRIVE  
City-St-Zip: FLORAL CITY, FL 34436

Title: MR.  
Name: KUHL, GARY  
Address: 6620 MERLEING LOOP  
City-St-Zip: FLORAL CITY,, FL 34436

Title: MRS  
Name: PIEHL, NADINA  
Address: 32358 MARCHMONT CIRCLE  
City-St-Zip: RIDGE MANOR, FL 33523

Title: MS  
Name: ESTEP, MARTI  
Address: 5440 S PERCH DRIVE  
City-St-Zip: FLORAL CITY, FL 34436

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: ANN COVINGTON

MRS

07/26/2011

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