


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State


04-13-2004 90330 044 ****50.00

DOCUMENT # L99000006030 1. Entity Name THE IMPERIAL ART GALLERY, LLC					
Principal Place of Business 128 SOUTH KENTUCKY AVENUE LAKELAND, FL 38301			Mailing Address 128 SOUTH KENTUCKY AVENUE LAKELAND, FL 38301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LAY, MADELINE 128 SOUTH KENTUCKY AVENUE LAKELAND, FL 38301			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLITZ, LINDA 3527 HIGHLAND FAIRWAYS BLVD. LAKELAND, FL 33810 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Duncan, Norman 22 Breeze Hill Lake Wales, FL 33898 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARKER, JEANNE 1421 CAMPHOR DR. LAKELAND, FL 33803 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGHES, LYNNE 6740 BROKEN ARROW TRAIL LAKELAND, FL 33813 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCAL MCALISTER, LINDA 2002 E. GACHET BLVD. LAKELAND, FL 33813 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRYE, CAROL 5173 CAMBRY LAKELAND, FL 33805 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, ROSEMARY 790 S JACKSON AVE BARTOW, FL 33830 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Rosemary Carter</u> 2/22/04 863-533-7919 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

*Before Change
Attachment
240407*

*changed to - 1999
59-3666193 in 2001*

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DO NOT WRITE IN THIS SPACE

02222004 No-Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3080369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAY, MADELINE
128 SOUTH KENTUCKY AVENUE
LAKELAND, FL 38301

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WOLITZ, LINDA 3527-HIGHLAND FAIRWAYS BLVD. LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BARKER, JEANNE 1421 CAMPHOR DR. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HUGHES, LYNNE 8740 BROKEN ARROW TRAIL LAKELAND, FL 33813
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SIGNATURE:

Rosemary Carter

4/4/04

863-533-7919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #