

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90152 001 ***100.00

DOCUMENT # M03000003423

1. Entity Name
PHOTO LEASING LLC



Principal Place of Business
699 SUMMIT BLVD., P.O. BOX 4200
FRISCO, CO 80443

Mailing Address
699 SUMMIT BLVD., P.O. BOX 4200
FRISCO, CO 80443

30010463



07052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0213236

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

LERNER, SCOT
8251 VINELAND AVE.
C/O DIXIE STAMPEDE-SHARPSHOOTER IMAGIR
ORLANDO, FL 32821

**DO NOT WRITE
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 reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ROY, RICHARD
699 SUMMIT BLVD., P.O. BOX 4200
FRISCO, CO 80443

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

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

Date

Daytime Phone #