

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M96000000419

**FILED**  
**Feb 10, 2009**  
**Secretary of State**

**Entity Name:** DEJA VU SHOWGIRLS OF TAMPA, L.C.

**Current Principal Place of Business:**

6805 ADANO DR.  
TAMPA, FL 33619

**New Principal Place of Business:**

6805 ADAMO DR.  
TAMPA, FL 33619

**Current Mailing Address:**

8252 E. LANSING ROAD  
DURAND, MI 48429

**New Mailing Address:**

8252 E. LANSING ROAD  
P O BOX 408  
DURAND, MI 48429

**FEI Number:** 59-3407519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: IMAGINATION CORPORAT, ION  
Address: PO BOX 408  
City-St-Zip: DURAND, MI 48429

**ADDITIONS/CHANGES:**

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:** JANICE MCKAY

BKPR

02/10/2009

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