

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012908

FILED
Jan 14, 2009
Secretary of State

Entity Name: TAMAR ACCESSORIES, LLC

Current Principal Place of Business:

1001 HUNT CLUB CIRCLE
C/O ITAMAR SHEM-TOV
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

213 TIERRA VERDE LANE
C/O ITAMAR SHEM-TOV
PANAMA CITY BEACH, FL 32407

Current Mailing Address:

1001 HUNT CLUB CIRCLE
C/O ITAMAR SHEM-TOV
PANAMA CITY BEACH, FL 32407

New Mailing Address:

213 TIERRA VERDE LANE
C/O ITAMAR SHEM-TOV
PANAMA CITY BEACH, FL 32407

FEI Number: 11-3742424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEM-TOV, ITAMAR
1001 HUNT CLUB CIRCLE
C/O ITAMAR SHEM-TOV
PANAMA CITY BEACH, FL 32407 US

Name and Address of New Registered Agent:

SHEM-TOV, ITAMAR
213 TIERRA VERDE LANE
C/O ITAMAR SHEM-TOV
PANAMA CITY BEACH, FL 32407 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: _____

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHEM-TOV, YAFA
Address: 1001 HUNT CLUB CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32407 BA

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHEM-TOV, YAFA
Address: 213 TIERRA VERDE LANE
City-St-Zip: PANAMA CITY BEACH, FL 32407 BA

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: YST

MGR

01/14/2009

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