

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118419

Entity Name: GEA'S FLOWERS LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131 US

Current Mailing Address:

520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131 US

FEI Number: 20-3946836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

520 BRICKELL KEY DRIVE
SUITE 0-301
MIAMI, FL 33131 US

New Mailing Address:

520 BRICKELL KEY DRIVE
SUITE 0-301
MIAMI, FL 33131 US

Name and Address of Current Registered Agent:

DYMAX INTERNATIONAL SERVICES, INC.
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

DYMAX INTERNATIONAL SERVICES, INC.
520 BRICKELL KEY DRIVE
SUITE 0-301
MIAMI, FL 33131 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: RICARDO DEL GIGLIO

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARCILA, MARIA M
Address: 520 BRICKELL KEY DRIVE
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: BOTERO, GERMAN
Address: 520 BRICKELL KEY DRIVE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ARCILA, MARIA BOTERO, GERMAN

MGR

04/07/2009

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