

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012281

FILED
Sep 05, 2008
Secretary of State

Entity Name: TOO BLESSED GROUP LLC

Current Principal Place of Business:

4110 FOREST DRIVE
WESTON, FL 33332 US

New Principal Place of Business:

Current Mailing Address:

4110 FOREST DRIVE
WESTON, FL 33332 US

New Mailing Address:

FEI Number: 20-8411771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ARMIDA, NAVAS
4110 FOREST DRIVE
WESTON, FL 33332 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARMIDA, NAVAS
Address: 4110 FOREST DRIVE
City-St-Zip: WESTON, FL 33332 US

Title: MGR () Delete
Name: MARIA ANDREA, PONCELEON
Address: 4110 FOREST DRIVE
City-St-Zip: WESTON, FL 33332 US

Title: MGR () Delete
Name: CARLA ANDREINA, PONCELEON
Address: 4110 FOREST DRIVE
City-St-Zip: WESTON, FL 33332 US

ADDITIONS/CHANGES:

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

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: ARMIDA NAVAS

MG

09/05/2008

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