

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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FILED

11 MAY 23 PM 3:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # LD800000 4066

1. Entity Name
SECRET DESIRES SM LLC



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2. Principal Place of Business - No P.O. Box #
SECRET DESIRES

Suite, Apt. #, ect.
5725 HOLLAND AVE NW

City & State
HOLLYWOOD FL

Zip
33022

Country

3. Mailing Address
PHILIP T. GOR

Suite, Apt. #, ect.
195 ALEXANDER PALM

City & State
BOCA RATON FL

Zip
33432

Country

CR2E083B (1/11)

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4. FEI Number

Applied For
 Not Applicable

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

6. 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 _____ DATE _____

7. Name and Address of Current Registered Agent

Name LARRY BISHOP

Street Address (P.O. Box Number is Not Acceptable)
4548 N. FOX HWY

City H. LAND FL Zip Code 33308

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.

9. MANAGING MEMBERS / MANAGERS

TITLE	<u>MEM</u>
NAME	<u>PHILIP T. GOR</u>
STREET ADDRESS	<u>195 ALEXANDER PALM</u>
CITY-ST-ZIP	<u>BOCA RATON FL 33432</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

10.

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: PHILIP T. GOR 5-15-11 954 822-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone#

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