## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L06000119838 1. Entity Name 07 FEB -2 AM 10: 50 MY FLAIR LLC Principal Place of Business Mailing Address 41-A S.W. OSCEOLA STREET 41-A S.W. OSCEOLA STREET STUART, FL 34994 STUART, FL 34994 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** TITLE PRESIDENT ☐ Change TITLE ☐ Delete LIVIA WILSON NAME WILSON, LIVIA NAME 2145 SANFORD COURT STREET ADDRESS 2145 SANFORD COURT STREET ADDRESS CITY-ST-ZIP VERO BEACH, FLORIDA 32963 CITY-ST-ZIP VERO BEACH, FL 32963 TITLE ☐ Delete CHAIR ☐ Change × Addition TALIA WILSON NAME NAME 41-A SW OSCEOLA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART, FLORIDA 34994 SECRETARY × Addition ☐ Delete ☐ Change TITLE TITLE JESSICA TYNON NAME NAME 41-A SW OSCEOLA STREET STREET ADDRESS STREET ADDRESS STUART, FLORIDA 34994 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME 400088242174 STREET ADDRESS STREET ADDRESS 02/13/07--01049--003 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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. 772-342-5697 SIGNATURE: G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OF RINTED NAME OF SIGNING MANAG Date Daytime Phone #

FILED