

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119838

Entity Name: MY FLAIR LLC

FILED  
Sep 15, 2008  
Secretary of State

## Current Principal Place of Business:

41-A S.W. OSCEOLA STREET  
STUART, FL 34994

## New Principal Place of Business:

121 MELODY LANE  
FT. PIERCE, FL 34950

## Current Mailing Address:

41-A S.W. OSCEOLA STREET  
STUART, FL 34994

## New Mailing Address:

121 MELODY LANE  
FT. PIERCE, FL 34950

FEI Number: FEI Number Applied For (X) 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:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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: P ( ) Delete  
Name: WILSON, LIVIA  
Address: 2145 SANFORD COURT  
City-St-Zip: VERO BEACH, FL 32963

Title: CHRM ( ) Delete  
Name: WILSON, TALIA  
Address: 41-A SW OSCEOLA STREET  
City-St-Zip: STUART, FL 34994

Title: S (X) Delete  
Name: TYNON, JESSICA  
Address: 41-A SW OSCEOLA STREET  
City-St-Zip: STUART, FL 34994

## ADDITIONS/CHANGES:

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

Title: VP (X) Change ( ) Addition  
Name: WILSON, TALIA  
Address: 121 MELODY LANE  
City-St-Zip: FT. PIERCE, FL 34950

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: TALIA THOMPSON

VP

09/15/2008

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