

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012129

Entity Name: TOO MUCH STUFF LLC

FILED  
Aug 30, 2005  
Secretary of State

**Current Principal Place of Business:**

918 - D PARK AVENUE  
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

918 - D PARK AVENUE  
LAKE PARK, FL 33403

**New Mailing Address:**

FEI Number: 65-1047395      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:**

TAYLOR, DEBRA LYN  
10694 SUMMERTIME LANE  
ROYAL PALM BEACH, FL 33411      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: MGRM      ( ) Delete  
Name: TAYLOR, DEBRA LYN  
Address: 10694 SUMMERTIME LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33411

Title: MGRM      ( ) Delete  
Name: PICKENS, JULIE A  
Address: 9909 DAISY AVENUE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**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 for the exemption stated in Section 119.07(3)(i), 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: DEBRA LYN TAYLOR

MGR

08/30/2005

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