2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000000501

1. Entity Name
MISS LAUREN'S HATTITUDE, L.L.C.

Principal Place of Business	Mailing Address
3724 HARBOR DRIVE ST. AUGUSTINE, FL 32084	3724 HARBOR DRIVE ST. AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

02192007No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3703041
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRABTREE, R.R.
8777 SAN JOSE BLVD., BLDG. A, SUITE 200
JACKSONVILLE, FL 32217

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000700418
04/20/07-80016-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JOANN B. VERGNOLLE LIVING TRUST
STREET ADDRESS	3724 HARBOR DRIVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	MGRM
NAME	ROBERT R VERGNOLLE, SR. LIVING TRUST
STREET ADDRESS	3724 HARBOR DRIVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____ 4/6/07 904-273 5419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #