

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # L01000003887

1. Entity Name
CARDS & GIFTS OF ST. CLOUD, LLC



Principal Place of Business
**4405 13TH ST.
ST. CLOUD, FL 34769**

Mailing Address
**4405 13TH ST.
ST. CLOUD, FL 34769**



04252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3703206

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STRASBAUGH, PATRICIA
4405 13TH ST.
ST. CLOUD, FL 34769**

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IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STRASBAUGH, PATRICIA
STREET ADDRESS	4405 13TH ST.
CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	MGR
NAME	OWEN, PHILIP C
STREET ADDRESS	1509 SUNSET POINTE PLACE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	MGR
NAME	OWEN, MARIAN L
STREET ADDRESS	1509 SUNSET POINTE PLACE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/24/07-80051-007 50.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Patricia R. Brannon 4-80-07 407-892-6317