

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000012382 1. Entity Name ACCENT FIREPLACES AND ACCESSORIES, L.L.C.	
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Principal Place of Business
**4150 HANCOCK BRIDGE PKWY
6 & 7
NORTH FORT MYERS, FL 33903 US**

Mailing Address
**1126 NE 11TH TERRACE
CAPE CORAL, FL 33909**



03152005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1132822	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PASTORS, DIANE L
1126 NE 11TH TERRACE
CAPE CORAL, FL 33909**

**DO NOT WRITE
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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASTORS, DIANE L 1126 NE 11TH TERRACE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAUGHT, PENNY J 4414 LAKESIDE AVENUE NORTH FORT MYERS, FL 339035011
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04/11/05-80123-024 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #