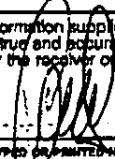


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000012765		
1. Entity Name ABBOTT FLORIST, L.L.C.		
Principal Place of Business 1008 71ST ST. MIAMI BEACH, FL 33141		Mailing Address 1008 71ST ST. MIAMI BEACH, FL 33141
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FAUSTO, ALVAREZ 2828 CORAL WAY SUITE 300 MIAMI, FL 33145		 04232008No Chg-LLC CR2E083 (12/07) 4. FEI Number 65-1124432 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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 reappointing)		DO NOT WRITE IN THIS SPACE DATE 05/27/08-80007-024 138.75
FILE NOW! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ENCIO, RAUL O 1008 71ST ST. MIAMI BEACH, FL 33141	DO NOT WRITE IN THIS SPACE
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		04/22/08 Date