

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013405

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** SELECT FLORAL OF THE TREASURE COAST, LLC

**Current Principal Place of Business:**

130 SW PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

130 SW PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34984

**New Mailing Address:**

FEI Number: 42-1611423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COOMBS, ERIC  
130 SW PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34984 US

**Name and Address of New Registered Agent:**

COOMBS, ERIC A  
130 SW PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34984 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: ERIC A. COOMBS

04/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COOMBS, EDWIN C  
Address: 172 N.E. TWYLITE TER.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: MGRM ( ) Delete  
Name: COOMBS, CONNEE W  
Address: 172 N.E. TWYLITE TER.  
City-St-Zip: PORT ST. LUCIE, FL 34983

**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 Chapter 119, 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: EDWIN C. COOMBS

MGRM

04/28/2006

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