

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016499

FILED  
Jul 09, 2004  
Secretary of State

Entity Name: FRESHSCENTS, LLC

**Current Principal Place of Business:**

27725 OLD 41 RD  
SUITE 203  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

25460 GALASHIELDS CIRCLE  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

27725 OLD 41 RD  
SUITE 203  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

25460 GALASHIELDS CIRCLE  
BONITA SPRINGS, FL 34134

FEI Number: 59-3747452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVRAINVILLE, FAIZA  
27725 OLD 41 RD.  
203  
BONITA SPRINGS, FL 34135

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

DAVRAINVILLE, FAIZA  
25460 GALASHIELDS CIRCLE  
BONITA SPRINGS, FL 34134

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: FAIZA DAVRAINVILLE

07/09/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DAVRAINVILLE, FAIZA  
Address: 27725 OLD 41 RD SUITE 203  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DAVRAINVILLE, FAIZA  
Address: 25460 GALASHIELD CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FAIZA DAVRAINVILLE

MGRM

07/09/2004

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