

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90193 044 ****50.00

DOCUMENT # L02000004105

1. Entity Name

THE LITTLE BLACK DRESS, LLC



Principal Place of Business

2441 NW 43RD ST
#22
GAINESVILLE FL 32606

Mailing Address

2441 NW 43RD ST
#22
GAINESVILLE FL 32606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **80-0037089**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHILDERS, KARLY F
~~12821 NW 116TH PLACE~~
~~ALACHUA FL 32615~~

Name

Street Address (P.O. Box Number is Not Acceptable)

8432 SW 10th Avenue

City

Gainesville

FL

Zip Code

32607

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

Karly F. Childers

(NOTE: Registered Agent signature required when reinstating)

DATE

2/09/04

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE VP
NAME CHILDERS, KELLY P
STREET ADDRESS ~~12821 NW 116TH PL~~
CITY-ST-ZIP ~~ALACHUA FL 32615~~

TITLE P
NAME CHILDERS, KARLY F
STREET ADDRESS ~~12821 NW 116TH PL~~
CITY-ST-ZIP ~~ALACHUA FL 32615~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE VP
NAME Childers, Kelly P.
STREET ADDRESS 8432 SW 10th Avenue
CITY-ST-ZIP Gainesville, FL 32607

TITLE P
NAME Childers, Karly F.
STREET ADDRESS 8432 SW 10th Avenue
CITY-ST-ZIP Gainesville FL 32607

TITLE
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Karly F. Childers

Date

Daytime Phone #

2/09/04