2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000004105

1. Entity Name
THE LITTLE BLACK DRESS, LLC

Principal Place of Business	Mailing Address
2441 NW 43RD ST	2441 NW 43RD ST
#22	#22
GAINESVILLE, FL 32606	GAINESVILLE, FL 32606

04032005 No Chg-LLC   CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
80-0037089	Not Applicable

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

6. Name and Address of Current Registered Agent

CHILDERS, KARLY F
8432 SW 10TH AVENUE
GAINESVILLE, FL 32607

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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	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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04/14/05-80049-022 50.00

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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, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #