

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90024 012 \*\*\*\*55.00

**DOCUMENT # L02000018664**

**1. Entity Name**  
**SIMPLY IRRESISTIBLE HOME ACCENTS, LLC**



**Principal Place of Business**

*C/O DAVID SELF Christine Pujara*  
1968 EAST SUNRISE BLVD.  
FT. LAUDERDALE, FL 33304

**Mailing Address**

*C/O DAVID SELF Christine Pujara*  
1968 EAST SUNRISE BLVD.  
FT. LAUDERDALE, FL 33304

**DO NOT WRITE IN THIS SPACE**



02252006 No Chg-LLC

CR2E083 (11/05)

**4. FEI Number**  
**16-1617938**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

PUJARA, CHRISTINE  
1968 EAST SUNRISE BLVD.  
FT. LAUDERDALE, FL 33304

**DO NOT WRITE  
IN THIS SPACE**

**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**

*Christine Pujara*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2-24-06*

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGRM  
PUJARA, CHRISTINE  
1968 E SUNRISE BLVD  
FT LAUDERDALE, FL 33304

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
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**CITY-ST-ZIP**

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IN THIS SPACE**

**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:**

*Christine Pujara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*2-24-06*

Date

*9347797404*

Daytime Phone #