


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000018731</b> 1. Entity Name <b>AMERICAN BEAUTY MANUFACTURING AND DISTRIBUTION LLC</b>	
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Principal Place of Business <b>4500 HIATUS RD 207 SUNRISE, FL 33351 US</b>	Mailing Address <b>4500 HIATUS RD 207 SUNRISE, FL 33351 US</b>
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>47-0878716</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>UDLER, IZABELLA D 4500 HIATUS ROAD SUITE 207 SUNRISE, FL 33351</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 *Izabella Udler* *Izabella Udler* *1/10/08*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UDLER, IZABELLA D 4500 HIATUS ROAD SUITE 207 SUNRISE, FL 33351
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U000000785562  
01/17/08-80005-018 138.75

**DO NOT WRITE  
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: *Izabella Udler* *Izabella Udler* *1/10/08 954-455-2421*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #