

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90283 043 \*\*\*\*50.00

**DOCUMENT # L03000000195**

1. Entity Name

ELEGANTFLOWER.COM, LLC



Principal Place of Business

1205 N UNIVERSITY BLVD  
JACKSONVILLE FL 32211

Mailing Address

1205 N UNIVERSITY BLVD  
JACKSONVILLE FL 32211

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

22-3888881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NGUYEN, PHUONGANH T  
4369 BOAT CLUB DRIVE  
JACKSONVILLE FL 32277

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES *correction*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
NGYEN, PHUONGANH  
1205 N UNIVERSITY BLVD  
JACKSONVILLE FL 32211 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
NGUYEN, PHUONGANH  
1205 N UNIVERSITY BLVD  
JACKSONVILLE FL 32211 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
NGUYEN, HONGVAN  
1205 N UNIVERSITY BLVD  
JACKSONVILLE FL 32211 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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NGUYEN, LIEM  
1205 N UNIVERSITY BLVD  
JACKSONVILLE FL 32211 ☐ Delete

TITLE  
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☐ Change ☐ Addition

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]*

PHUONGANH NGUYEN, CEO

Date

2/20/04 (904) 744-9848

Daytime Phone #

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