

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

DOCUMENT # L03000011571

1. Entity Name

GODDESS IN YOU, LLC.



2004 DEC 15 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1111 LINCOLN ROAD  
SUITE 400  
MIAMI BEACH FL 33139

Mailing Address  
1111 LINCOLN ROAD  
SUITE 400  
MIAMI BEACH FL 33139



MOORE CR2E083 (4/04)

2. Principal Place of Business

1966 NE 201 ST

Suite, Apt. #, etc.

3. Mailing Address

1966 NE 201 ST

Suite, Apt. #, etc.

City & State

NMB, FL

Zip  
33179

Country

City & State

NMB, FL

Zip  
33179

Country  
USA

4. FEI Number

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

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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME ~~ENTER~~ MGRM  
STREET ADDRESS Marla Garfinkle  
CITY-ST-ZIP 1966 NE 201 ST  
NMB, FL 33179

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500042401515  
CITY-ST-ZIP 11/02/04--01054--001 \*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500042401515  
CITY-ST-ZIP 12/28/04--01056--009 \*\*100.00

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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:

Marla Garfinkle

9/5/04

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

Date

Daytime Phone #

**REINSTATEMENT**

**REINSTATEMENT**

2004