


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L03000012994 1. Entity Name EMBROIDME TAMPA, LLC	
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Principal Place of Business 15231 N. DALE MABRY HWY TAMPA, FL 33618	Mailing Address 16219 HOYLAK DR. 301 ODESSA, FL 33556
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 61-1447011	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MITCHELL, LEONARD F
16219 HOYLAK DR.
ODESSA, FL 33556**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, CANDACE A 16219 HOYLAK DR. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, LEONARD F 16219 HOYLAK DR. ODESSA, FL 33556
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05/08/07-80041-013 50.00

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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 Leonard F Mitchell 4/21/07 813-264-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #