

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017211

FILED  
Feb 11, 2008  
Secretary of State

**Entity Name:** AUTHENTIC WOMAN ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

13940 LE HAVRE DRIVE  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

13940 LE HAVRE DRIVE  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 36-4530870

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOREN, MINX  
13940 LE HAVRE DRIVE  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** AUTHENTIC WOMAN ENTE, RPRISES  
**Address:** 13940 LE HAVRE DRIVE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 US

**ADDITIONS/CHANGES:**

**Title:** PTNR (X) Change ( ) Addition  
**Name:** AUTHENTIC WOMAN ENTE, RPRISES  
**Address:** 13940 LE HAVRE DRIVE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** MINX BOREN

PTNR

02/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date