

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90210 023 ****55.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000024615

1. Entity Name
THE LITTLE ARMOIRE, LLC



Principal Place of Business
7680 UNIVERSAL BLVD
565
ORLANDO, FL 32819

Mailing Address
7680 UNIVERSAL BLVD
565
ORLANDO, FL 32819

24005174



2. Principal Place of Business
7567 SANDLAKE ROAD
Suite, Apt. #, etc.
3. Mailing Address
7680 UNIVERSAL BLVD
Suite, Apt. #, etc.
STE 500

01292004 Chg-LLC CR2E083 (10/03)

City & State
ORLANDO, FLORIDA
Zip
32819
Country
USA

City & State
ORLANDO, FL
Zip
32819
Country
USA

4. FEI Number
20-0083173

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ERIKA, WRIGHT
7680 UNIVERSAL BLVD
500
ORLANDO, FL 32819

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 *Erika Wright*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/04
DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ERIKA, WRIGHT
9452 THURLOE PLACE
ORLANDO, FL 32827 ☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Erika Wright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/29/04 407-354-5437
Date Daytime Phone #