

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030100

FILED
Aug 12, 2004
Secretary of State

Entity Name: SEASONAL RETAIL CONCEPTS, LLC

Current Principal Place of Business:

478 E. ALTOMONTE DR
SUITE 108-288
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

478 E. ALTOMONTE DR
SUITE 108-288
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 20-0156389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 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/MEMBERS:

Title: MGRM () Delete
Name: HOLMES, INGA
Address: 711 ASHFORD OAKS DR # 102
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Delete
Name: IREMADZE, DAVID
Address: 208 MALTESE CR APT 8
City-St-Zip: FERN PARK, FL 32730

Title: MGRM () Delete
Name: SHEROZIA, MAIA
Address: 208 MALTESE CR, APT 8
City-St-Zip: FERN PARK, FL 32730

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: INGA HOLMES

MGRM

08/12/2004

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