

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030129

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: THE ONE WEEK BOUTIQUE, LLC

**Current Principal Place of Business:**

536 MOSS VIEW WAY  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

536 MOSS VIEW WAY  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 16-1679609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARSIGLIO, CINDI  
3786 PINEY GROVE DRIVE  
TALLAHASSEE, FL 32311 US

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

BARBER, SARA F  
536 MOSS VIEW WAY  
TALLAHASSEE, FL 32312 US

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: SARA F. BARBER

04/23/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARSIGLIO, CINDI  
Address: 3786 PINEY GROVE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGRM ( ) Delete  
Name: SHELTON, SUSAN  
Address: 3315 N. HILLS STREET #1207  
City-St-Zip: MERIDIAN, MS 39305

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: BARBER, SARA  
Address: 536 MOSS VIEW WAY  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the 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: SARA F. BARBER

MGRM

04/23/2007

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