

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030129

FILED  
Apr 21, 2008  
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:**

BARBER, SARA F  
536 MOSS VIEW WAY  
TALLAHASSEE, FL 32312 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: MARSIGLIO, CINDI  
Address: 3786 PINEY GROVE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

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

**ADDITIONS/CHANGES:**

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 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 BARBER

MGRM

04/21/2008

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