

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000030129

**FILED**  
**Jan 05, 2010**  
**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:**

BARBER, SARA F SARA BA  
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 BARBER

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MARSIGLIO, CINDI H MGRM  
**Address:** 3786 PINEY GROVE DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32311

**Title:** MGRM  
**Name:** BARBER, SARA F MGRM  
**Address:** 536 MOSS VIEW WAY  
**City-St-Zip:** TALLAHASSEE, FL 32312

I hereby 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

01/05/2010

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