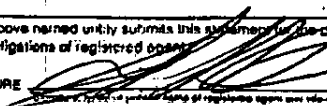
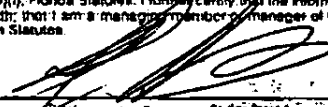


FILED
Jul 19, 2004 8:00 am
Secretary of State

07-06-2004 90155 024 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000031466			
1. Entity Name IT'S SO EASY, L.L.C.			
Principal Place of Business 1606 POINSETTA DR., BAY 5 DELRAY BEACH, FL 33444		Mailing Address 1605 POINSETTA DR., BAY 5 DELRAY BEACH, FL 33444	
2. Principal Place of Business 1055 SW 15 Avenue		3. Mailing Address 1055 SW 15 Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach FL		City & State Delray Beach FL	
Zip 33444		Zip 33444	
Country		Country	
4. FEI Number 20-0501983		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRASKIN, GLORIA 1505 POINSETTA DR., BAY 5 DELRAY BEACH, FL 33444		7. Name and Address of New Registered Agent Gloria Abraskin 1055 SW 15 Avenue Delray Beach FL 33444	
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 agents.			
SIGNATURE 		DATE 7/2/04	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE PRESIDENT	NAME Gloria Abraskin	TITLE	NAME
STREET ADDRESS 8275 K 24th Ave SE, Suite 301 Lake Worth FL 33467	CITY-ST-ZIP LAKE WORTH FL 33467	STREET ADDRESS	CITY-ST-ZIP
TITLE VICE PRESIDENT	NAME AL ABRASKIN	TITLE	NAME
STREET ADDRESS 6278 AZURE COAST BLVD LAKE WORTH FL 33467	CITY-ST-ZIP LAKE WORTH FL 33467	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information submitted in 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 605, Florida Statutes.			
SIGNATURE 		DATE 7/2/04	

34003334



07022004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0501983

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

6. Name and Address of Current Registered Agent

**ABRASKIN, GLORIA
 1505 POINSETTA DR., BAY 5
 DELRAY BEACH, FL 33444**

7. Name and Address of New Registered Agent
**Gloria Abraskin
 1055 SW 15 Avenue
 Delray Beach FL 33444**

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 agents.

SIGNATURE

Signature of registered agent or authorized representative

(NOTE: Registered Agents are also a registered agent for the company)

DATE

Filing Fee is \$50.00
 Due by September 8, 2004

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
PRESIDENT

NAME
Gloria Abraskin

STREET ADDRESS
**8275 K 24th Ave SE, Suite 301
Lake Worth FL 33467**

CITY-ST-ZIP
LAKE WORTH FL 33467

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
VICE PRESIDENT

NAME
AL ABRASKIN

STREET ADDRESS
**6278 AZURE COAST BLVD
LAKE WORTH FL 33467**

CITY-ST-ZIP
LAKE WORTH FL 33467

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information submitted in 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 605, Florida Statutes.

SIGNATURE

Signature and typed or printed name of signing managing member, manager, or authorized representative

DATE

AL ABRASKIN, VP

7/2/04 561-279-9922