


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90091 023 ****50.00

DOCUMENT # L03000033830 1. Entity Name THE GOURMET CANDLE SHOPPE, LLC					
Principal Place of Business 378 CAROL DRIVE NE PALM BAY, FL 32907			Mailing Address 378 CAROL DRIVE NE PALM BAY, FL 32907		
2. Principal Place of Business 4835 EAU GALIE BLVD		3. Mailing Address 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Melbourne, FL 32934		City & State 		4. FEI Number 	
Zip 32934		Country Brevard		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, LINDA M 378 CAROL DRIVE NE PALM BAY, FL 32907			7. Name and Address of New Registered Agent Name Bechtold, Linda M. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 agent. SIGNATURE <i>Linda M Bechtold</i> DATE 06/30/04 <small>(NOTE: Registered Agent signature required when re-registering)</small>					
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 MGR <input type="checkbox"/> Delete NAME DIAZ, LINDA M STREET ADDRESS 378 CAROL DRIVE NE CITY-ST-ZIP PALM BAY, FL 32907			TITLE Bechtold, Linda M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE MGR <input type="checkbox"/> Delete NAME ADAMS, MARY L STREET ADDRESS 378 CAROL DRIVE NE CITY-ST-ZIP PALM BAY, FL 32907			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on 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 608, Florida Statutes.					
SIGNATURE: <i>Linda M Bechtold</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 06/30/04 Daytime Phone # 321-726-9159		