




2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90020 038 ***138.75

DOCUMENT # L03000055487 1. Entity Name PRECIOUS PEOPLE, LLC					
Principal Place of Business 4750 - 37TH ST. N. ST. PETERSBURG, FL 33714 US			Mailing Address 4750 - 37TH ST. N. ST. PETERSBURG, FL 33714 US		
2. Principal Place of Business - No P.O. Box # 5400-50 AVENUE NO		3. Mailing Address 5400-50 AVENUE NO		 01072008 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. ST. PETERSBURG, FL			
City & State ST. PETERSBURG FL		City & State FL			
Zip 33709		Zip 33709			
Country USA		Country USA		4. FEI Number 20-0521054	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ARRINGTON, JACK 4750 - 37TH ST. N. ST. PETERSBURG, FL 33714				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME ARRINGTON, JACK STREET ADDRESS 4750 37TH ST. N. CITY-ST-ZIP ST. PETERSBURG, FL 33714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME ARRINGTON, KATHY STREET ADDRESS 4750 - 37TH ST. N. CITY-ST-ZIP ST. PETERSBURG, FL 33714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME ARRINGTON, TIMOTHY J STREET ADDRESS 4750 - 37TH ST. N. CITY-ST-ZIP ST. PETERSBURG, FL 33714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			1/7/08 727-527-8800 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					