

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018471

FILED  
Mar 15, 2005  
Secretary of State

Entity Name: BLISSFUL WEDDINGS, LLC

## Current Principal Place of Business:

13300 ATLANTIC BOULEVARD  
#301  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

933 BRIARCREEK ROAD  
JACKSONVILLE, FL 32225

## Current Mailing Address:

1650-7 SAN PABLO ROAD SOUTH  
#220  
JACKSONVILLE, FL 32224

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SMITH HILL LAW FIRM  
8810 GOODBY'S EXECUTIVE DRIVE  
STE C  
JACKSONVILLE, FL 32217 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/MEMBERS:

Title: MGRM ( ) Delete  
Name: KIDD, TESSA  
Address: 13300 ATLANTIC BLVD. #301  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM ( ) Delete  
Name: PASTRANA, MICHELLE  
Address: 11930 ARBOR LAKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KIDD, TESSA  
Address: 933 BRIARCREEK ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TESSA KIDD

MGRM

03/15/2005

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