

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019502

Entity Name: GENUINE PLEASURES, LLC

FILED  
May 14, 2008  
Secretary of State

## Current Principal Place of Business:

2995 BURGOYNE LN  
WEST PALM BEACH, FL 33409

## New Principal Place of Business:

10801 SW FOX BROWN RD  
INDIANTOWN, FL 34956

## Current Mailing Address:

2995 BURGOYNE LN  
WEST PALM BEACH, FL 33409

## New Mailing Address:

10801 SW FOX BROWN RD  
INDIANTOWN, FL 34956

FEI Number: 20-0929000      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

WILLIAMS, MAURECE J  
2995 BURGOYNE LN  
WEST PALM BEACH, FL 33409      US

## Name and Address of New Registered Agent:

WILLIAMS, MAURECE J  
10801 SW FOX BROWN RD  
INDIANTOWN, FL 34956      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:

05/14/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: WILLIAMS, MAURECE J  
Address: 2995 BURGOYNE LN  
City-St-Zip: WEST PALM BEACH, FL 33409

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: WILLIAMS, MAURECE J  
Address: 10801 SW FOX BROWN RD  
City-St-Zip: INDIANTOWN, FL 34956

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MAURECE J WILLIAMS

MGRM

05/14/2008

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