
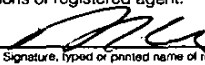



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90089 011 ****50.00

DOCUMENT # L04000026420 1. Entity Name THE LOUVER SHOP OF TAMPA, LLC					
Principal Place of Business 10463 VILLA VIEW CIRCLE TAMPA, FL 33647 US			Mailing Address 10463 VILLA VIEW CIRCLE TAMPA, FL 33647 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GLENN, MICHAEL S 10463 VILLA VIEW CIRCLE TAMPA, FL 33647			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 		Signature, typed or printed name of registered agent and title if applicable. Michael Glenn <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 8-16-05	
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLENN, TOMI A		NAME		
STREET ADDRESS	10463 VILLA VIEW CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Glenn, Michael S		NAME		
STREET ADDRESS	7649 Citrus Blossom Dr		STREET ADDRESS		
CITY-ST-ZIP	Land O Lakes FL 34637		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: 		Signature and typed or printed name of signing managing member, manager, or authorized representative Tomi A. Glenn		Date 8-16-05	
				Daytime Phone #	

Address Change:

ATTACHMENT

LD4000026420

10463 Villa View Circle

20066890

Tampa FL 34637

to

7649 Citrus Blossom Dr

Land O Lakes FL 34637

- ① For Principal Place of Business, Mailing Address, Address for Registered Agent and managing members.