

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jul 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000033038

1. Entity Name
PECK'S HOUSE OF FLOWERS, LLC



Principal Place of Business
5251 WEST SPENCERFIELD ROAD
PACE, FL 32571

Mailing Address
5251 WEST SPENCERFIELD ROAD
PACE, FL 32571



07102007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1276754

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SABA, DANIEL P
6460 JUSTICE AVENUE
MILTON, FL 32570

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

U000000770737
07/27/07-80004-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	PECK, GLENDA
STREET ADDRESS	5251 W SPENCERFIELD RD
CITY - ST - ZIP	PACE, FL 32571
TITLE	VP
NAME	PECK, GEOFFREY T
STREET ADDRESS	5251 W SPENCER FIELD RD
CITY - ST - ZIP	PACE, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Glenda J. Peck *Glenda S. Peck*

7/24/07

850-995-9620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #