

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033758

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** FEMININE TOUCH WALLCOVERING L.C.

**Current Principal Place of Business:**

2360 OUTRIGGER LN  
NAPLES, FL 34104

**New Principal Place of Business:**

2360 OUTRIGGER LN  
NAPLES, FL 34104 US

**Current Mailing Address:**

2360 OUTRIGGER LN  
NAPLES, FL 34104

**New Mailing Address:**

2360 OUTRIGGER LN  
NAPLES, FL 34104 US

**FEI Number:** 42-1552913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TERESA, OBERMAYER  
2360 OUTRIGGER LN  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

OBERMAYER, TERESA  
2360 OUTRIGGER LN  
NAPLES, FL 34104 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:** TERESA OBERMAYER

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** OBERMAYER, TERESA  
**Address:** 2360 OUTRIGGER LN  
**City-St-Zip:** NAPLES, FL 34104 US

**ADDITIONS/CHANGES:**

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

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:** TERESA OBERMAYER

MGRM

04/29/2009

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