



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90065 044 \*\*\*\*55.00

<b>DOCUMENT # L04000040836</b>					
<b>1. Entity Name</b> SPECIAL OCCASION SERVICES, LLC					
<b>Principal Place of Business</b> 3621 NW 8TH PLACE FT. LAUDERDALE, FL 33311			<b>Mailing Address</b> PO BOX 39 FT. LAUDERDALE, FL 33302		
<b>2. Principal Place of Business</b> 551 N.W 42nd Ave Suite, Apt. #, etc. Apt B503 City & State Plantation FL Zip 33317 Country US		<b>3. Mailing Address</b> 551 N.W 42 Ave Suite, Apt. #, etc. Apt B503 City & State Plantation FL Zip 33317 Country US			
<b>6. Name and Address of Current Registered Agent</b> BRAY, SANDRA M 3621NW 8TH PLACE FT. LAUDERDALE, FL 33311		<b>7. Name and Address of New Registered Agent</b> Name: Sandra Bray Street Address (P.O. Box Number is Not Acceptable): 551 N.W 42 Ave Apt B503 City: Plantation FL Zip Code: 33317			
<b>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.</b> SIGNATURE: Sandra M. Bray DATE: 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLIGAN, YVONNE L 2920 NW 56TH AVENUE B208 LAUDERHILL, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAY, SANDRA M 3621 NW 8TH PLACE FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.</b>					
SIGNATURE: Sandra Bray DATE: 4/28/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					