

6 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000052029

Entity Name
SECRET GARDEN & GIFTS, LLC



FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90154 016 ****50.00

Principal Place of Business
2425 AQUA VISTA BLVD.
FT. LAUDERDALE, FL 33301

Mailing Address
2425 AQUA VISTA BLVD.
FT. LAUDERDALE, FL 33301

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
2591 NE 42 ST
Suite, Apt. #, etc.
City & State
Zip Country



06282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
Applied F
Not Appli

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEIF, DAVID T ESQ.
915 MIDDLE RIVER DRIVE
SUITE 205
FT. LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 acc the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re/instating)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HERNDON, KIM L	
STREET ADDRESS	2425 AQUA VISTA BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LLOYD, RYAN T	
STREET ADDRESS	10345 SANTIAGO STREET	
CITY-ST-ZIP	COOPER CITY, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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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)(i), 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

[Handwritten Signature]