


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90105 040 ****50.00

DOCUMENT # L04000068257 1. Entity Name A LITTLE BIT OF HEAVEN, LLC					
Principal Place of Business 1624 MEADOWGOLD COURT WINTER PARK FL 32792			Mailing Address 1624 MEADOWGOLD COURT WINTER PARK FL 32792		
2. Principal Place of Business 1435 Howell Branch Rd. Suite, Apt. #, etc. Suite F		3. Mailing Address Suite, Apt. #, etc. City & State Winter Park, FL			
City & State Winter Park, FL		City & State 		4. FEI Number 20-1636312	
Zip 32789		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANDON, MARIA 1624 MEADOWGOLD COURT WINTER PARK FL 32792			7. Name and Address of New Registered Agent 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) (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES </div> </div>					
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		
NAME	BRANDON, MARIA		NAME		
STREET ADDRESS	1624 MEADOWGOLD COURT		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		
NAME	TRUYOL, BRIDGET		NAME		
STREET ADDRESS	1624 MEADOWGOLD COURT		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		
NAME	TRUYOL, KRISTEN		NAME		
STREET ADDRESS	1624 MEADOWGOLD COURT		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
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)(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: *Maria Brandon Maria Brandon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/7/05 **407-67-1172**
Date Daytime Phone #