

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90031 042 ****50.00

DOCUMENT # L04000068257

1. Entity Name

A LITTLE BIT OF HEAVEN, LLC



Principal Place of Business

1435 HOWELL BRANCH RD
STE F
WINTER PARK FL 32789

Mailing Address

1624 MEADOWGOLD COURT
WINTER PARK FL 32792

2. Principal Place of Business

1624 Meadowgold CT.

Suite, Apt. #, etc.

3. Mailing Address

1624 Meadowgold CT

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/05)

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

20-1636312

Applied For

Not Applicable

Zip

32792

Country

USA

Zip

32792

Country

USA

5. Certificate of Status Desired

☐

\$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

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 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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRANDON, MARIA	
STREET ADDRESS	1624 MEADOWGOLD COURT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	TRUYOL, BRIDGET	
STREET ADDRESS	1624 MEADOWGOLD COURT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	TRUYOL, KRISTEN	
STREET ADDRESS	1624 MEADOWGOLD COURT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Maria Brandon *Maria Brandon* 4/26/06 407-681-3351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #