

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080035

Entity Name: SCARLET ROSE CREATIONS, LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

18741 STATE ROAD 44
EUSTIS, FL 32736

New Principal Place of Business:

1724 DORSET DRIVE
MOUNT DORA, FL 32757

Current Mailing Address:

18741 STATE ROAD 44
EUSTIS, FL 32736

New Mailing Address:

1724 DORSET DRIVE
MOUNT DORA, FL 32757

FEI Number: 20-1800358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, PAULA
18741 STATE ROAD 44
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

BAKER, PAULA
1724 DORSET DRIVE
MOUNT DORA, FL 32757 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: PAULA BAKER

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAKER, PAULA
Address: 18741 STATE ROAD 44
City-St-Zip: EUSTIS, FL 32736

Title: MGRM () Delete
Name: BAKER, JAMES
Address: 18741 STATE ROAD 44
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAKER, PAULA
Address: 1724 DORSET DRIVE
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM (X) Change () Addition
Name: BAKER, JAMES
Address: 1724 DORSET DRIVE
City-St-Zip: MOUNT DORA, FL 32757

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: PAULA BAKER

MGR

04/24/2009

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