

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90033 021 \*\*\*\*50.00

|   |  |                                 |   |   |  |
|---|--|---------------------------------|---|---|--|
| <b>DOCUMENT # L04000084805</b>  |  |                                 |   |   |  |
| <b>1. Entity Name</b><br>GODESS ESSENTIALS, LLC   |  |                                 |   |   |  |
| <b>Principal Place of Business</b><br>3471 NORTH WEST 20TH STREET<br>COCONUT CREEK FL 33068<br>US   |  |                                 | <b>Mailing Address</b><br>3471 NORTH WEST 20TH STREET<br>COCONUT CREEK FL 33068<br>US |   |  |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.  |  |                                 | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                                      |   |  |
| <b>City &amp; State</b>   |  |                                 | <b>City &amp; State</b>   |   |  |
| <b>Zip</b>  |  | <b>Country</b>                  |   | <b>Zip</b>  |  |
| <b>Country</b>  |  | <b>Country</b>                  |   | <b>4. FEI Number</b><br>20-1911101  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |                                 |   | <b>Applied For</b><br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>MAURER, LAURIE J<br>3471 NORTH WEST 20TH STREET<br>COCONUT CREEK FL 33068   |  |                                 |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| <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>  |  |                                 |   |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____   |  |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>  |  |                                 |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                                 | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>MGRM</b><br>MAURER, LAURIE J<br>3471 NORTH WEST 20TH STREET<br>COCONUT CREEK FL 33068 | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>MGRM</b><br>RIPLEY, DAWN<br>1309 SOUTH WEST 75TH AVENUE<br>NORTH LAUDERDALE FL 33068  | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |  | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |  | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |  | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |  | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.</b> |  |                                 |   |   |  |
| <b>SIGNATURE:</b> <u>LAURIE J MAURER</u> <u>4/15/05</u> <u>954-917-9234</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |                                 |   |   |  |