## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT #L05000001335** 02-09-2005 90158 016 \*\*\*\*50.00 POKÉR-JEWELRY.COM, LLC Principal Place of Business Mailing Address 729 7TH COURT 729 7TH COURT 20008922 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL. 33410 2. Principal Place of Business 729 7TH COURT P.O. BOX Suite, Apt. #, etc. 02042005 CR2E083 (10/03) Chg-LLC 4. FEI Number Applied For 1909 GARDONS Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELL, STEVE Street Address (P.O. Box Number is Not Acceptable) **729 7TH COURT** PALM BEACH GARDENS, FL 33410 City 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 applicables (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TIDE ☐ Delete TILE Addition Change NAME **DELL, STEVE** NAME SUBJECT ADDRESS 729 7TH COURT STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP TITLE ☐ Delete шіе ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TM F ☐ Delete MUE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete ☐ Change ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-\$7-ZIP CITY-ST-ZIP TIRE ☐ Delete ☐ Change Addition NAME NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P MLE ☐ Delete MLE ☐ Change ☐ Addition NALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 real, that I am a trianaging 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. MANAGING MEDIER, MANAGER, OR AUTHORIZED REPRESENTATIVE Davisso Francis

FILED

Feb 09, 2005 8:00 am