

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001617

Entity Name: ATTA GIRL! DESIGNS, LLC

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

6330 ALBERTA STREET
SPRINGFIELD, VA 22152 US

New Principal Place of Business:

7406 ARUNDEL PLACE
SPRINGFIELD, VA 22153 US

Current Mailing Address:

6330 ALBERTA ST
SPRINGFIELD, VA 22152 US

New Mailing Address:

7406 ARUNDEL PLACE
SPRINGFIELD, VA 22153 US

FEI Number: 86-1126298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMSON, JOANNA
5506 NW 38TH PLACE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMSON, JOANNA
Address: 6330 ALBERTA ST
City-St-Zip: SPRINGFIELD, VA 22152 US

Title: MGRM () Delete
Name: WILLIAMSON, MARCUS
Address: 6330 ALBERTA ST
City-St-Zip: SPRINGFIELD, VA 22152 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMSON, JOANNA
Address: 7406 ARUNDEL PLACE
City-St-Zip: SPRINGFIELD, VA 22153 US

Title: MGRM (X) Change () Addition
Name: WILLIAMSON, MARCUS
Address: 7406 ARUNDEL PLACE
City-St-Zip: SPRINGFIELD, VA 22153 US

I hereby certify that the information supplied with this filing does not qualify for the 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: /MARCUS WILLIAMSON/

MGRM

01/08/2007

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