


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000003659 1. Entity Name DETAILS,DETAILS,DETAILS, LLC	
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Principal Place of Business 1299 N FEDERAL HWY BOCA RATON, FL 33432	Mailing Address 6064 COUNTRY ESTATES DR LAKE WORTH, FL 33467
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DO NOT WRITE IN THIS SPACE



08272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 76-0777958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BABACH, FRANK J ESQ
6070 N. FEDERAL HIGHWAY
BOCA RATON, FL 33487

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IN THIS SPACE**

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 reconstituting) DATE _____


**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEFANESCO, ALEX 6064 COUNTRY ESTATES DR LAKE WORTH, FL 33467
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08/29/07-80001-019 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **08/27/07** **561-674-2228**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #