## 2007 LIMITED LIABILITY COMPANY

## May 17, 2007 8:00 am Secretary of State 04-26-2007 90034 017 \*\*\*\*50.00 DOCUMENT # L05000008547 1. Entity Name LOVE TO SPARKLE LLC 30008038 Principal Place of Business Mailing Address P.O. BOX 3471 P.O. BOX 3471 SPRING HILL, FL 34611 SPRING HILL, FL 34611 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 76-0779536 Not Applicable Country \$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 WELGOSS, JANINE 3235 LEMA DRIVE Street Address (P.O. Box Number is Not Acceptable) SPRING HILL, FL 34609 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. ted neme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE Delete TITLE ☐ Change ☐ Addition WELGOSS, JANINE NAME P.O. BOX 3471 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34611 CITY-\$1-ZIP TITLE Oelele TIFLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-SI-ZIP THUE ☐ Delete TITLE NUME STREET ADDRESS STREET ADDRESS CITY-ST-772 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILE ☐ Addition NAME NAME STREAT ADDRESS STREET ADDRESS CITY-ST-ZIP hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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:

**FILED**