

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015664

FILED
Mar 02, 2007
Secretary of State

Entity Name: TIMELESS TREASURES BOOK SHOPPE, LLC

Current Principal Place of Business:

216 NORTH PARSONS AVENUE
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

216 NORTH PARSONS AVENUE
BRANDON, FL 33510

New Mailing Address:

FEI Number: 20-2460022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARREN, JEFFREY W
220 S FRANKLIN ST
TAMPA, FL 33602 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: P () Delete
Name: DOWDY, NYLES
Address: 216 N PARSONS AVE
City-St-Zip: BRANDON, FL 33510

Title: VP () Delete
Name: WARREN, SUSAN D
Address: 216 N PARSONS AVE
City-St-Zip: BRANDON, FL 33510

Title: S () Delete
Name: HUFFMAN, SHERRY
Address: 216 N PARSONS AVE
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: DOWDY, MYLES
Address: 216 N PARSONS AVE
City-St-Zip: BRANDON, FL 33510

Title: VP (X) Change () Addition
Name: WARREN, SUSAN P
Address: 216 N PARSONS AVE
City-St-Zip: BRANDON, FL 33510

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSAN P. WARREN

VP

03/02/2007

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