2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# L05000018984

Entity Name: AMAZING BIRTHS LLC

Current Principal Place of Business:

4722 NW 2ND AVE
SUITE C-108
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

4722 NW 2ND AVE
SUITE C-108
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 20-1767366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCOY, LORIE MGRM
4722 NW 2ND AVE
SUITE C-108
BOCA RATON, FL 33431 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: KEELER, VIVIAN
Address: 4722 NW 2ND AVE, SUITE C-108
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM ( ) Delete
Name: MCCOY, LORIE
Address: 4722 NW 2ND AVE, SUITE C-108
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM ( ) Delete
Name: KELLY, LISA
Address: 4722 NW 2ND AVE, SUITE C-108
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LORIE A MCCOY MGRM 03/06/2008

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