


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90144 020 ****50.00

DOCUMENT # L05000025716	
1. Entity Name FLORESENCE LLC	

Principal Place of Business 6101 NORTH WEST 16TH COURT SUNRISE, FL 33313	Mailing Address 6101 NORTH WEST 16TH COURT SUNRISE, FL 33313
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2. Principal Place of Business 7027 W. Broward Blvd	3. Mailing Address 6101 NW 16th Ct
Suite, Apt. #, etc. #296	Suite, Apt. #, etc. -

City & State Plantation Florida	City & State Sunrise Florida
Zip 33317	Zip 33313
Country U.S.A.	Country U.S.A.



07112006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent FERGUSON, LYTTLETON 6101 NORTH WEST 16TH COURT SUNRISE, FL 33313	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERGUSON, LYTTLETON 6101 NORTH WEST 16TH COURT SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERGUSON, JENELPHA 6101 NORTH WEST 16TH COURT SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/31/06
Date

954 485-9921
Daytime Phone #