


**FILED**  
**Jul 10, 2008 8:00 am**  
**Secretary of State**

07-10-2008 90055 008 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L05000025716**

1. Entity Name  
 FLORESENCE LLC



Principal Place of Business  
 7027 WEST BROAD BLVD  
 SUITE 296  
 PLANTATION, FL 33317

Mailing Address  
 6101 NORTH WEST 16TH COURT  
 SUNRISE, FL 33313

50008172



01172008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-4570550	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

FERGUSON, LYTTLETON  
 6101 NORTH WEST 16TH COURT  
 SUNRISE, FL 33313

**DO NOT WRITE  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERGUSON, LYTTLETON 6101 NORTH WEST 16TH COURT SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERGUSON, JENELPHA 6101 NORTH WEST 16TH COURT SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

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:  DATE: 4/24/08 DAYTIME PHONE: 954 485-9921

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

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

DOCUMENT # L05000025716



ATTACHMENT

1. Entity Name <b>FLORESCENCE LLC</b>		2. Principal Place of Business - No P.O. Box # <b>7027 WEST BROAD BLVD SUITE 296 PLANTATION FL 33317</b>		3. Mailing Address <b>6101 NORTH WEST 16TH COURT SUNRISE FL 33313</b>	
2. Principal Place of Business - No P.O. Box # <b>2027 West Broward Blvd.</b>		3. Mailing Address		1st MOORE CR2E083 (10/07)	
Suite, Apt. #, etc. <b>Suite 296</b>		Suite, Apt. #, etc.		4. FEI Number <b>36-4570550</b>	
City & State <b>Plantation FL</b>		City & State		Applied For Not Applicable	
Zip <b>33317</b>		Country <b>Broward</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FERGUSON, LYTTLETON 6101 NORTH WEST 16TH COURT SUNRISE FL 33313</b>			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		DATE			

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$638.75**  
**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
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
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
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

I declare on this report to be true and correct and that my signature shall be a true and correct signature of the person who is the registered agent of the company and that I am a managing member or manager of the company.

*[Handwritten Signature]*  
 EXECUTIVE *[Handwritten Signature]* 2008-05-01

ATTACHMENT

50008172

#60500025716

FLORESENCE LLC  
7027 W BROWARD BLVD, SUITE 286  
PLANTATION, FL 33317

63-90692870

377

DATE 4/24/08

PAY TO THE ORDER OF Florida Dept of Stat

Bank United & Thrifty asset

25

\$ 138.75



DOLLARS

FOR 60500025716

⑆000377⑆ ⑆267090594⑆

0279900635⑆

*[Signature]*

105A

check

ATTACHMENT

50008172

July 7, 2008

Division of Corporations  
P.O Box 6198  
Tallahassee, Florida 32314

To Whom It May Concern:

Re: Floresence LLC - 405000025716

I am resubmitting the annual report with a replacement check as this was submitted in April 24, 2008. Apparently the check and the documents got lost in the mail.

This for your assistance in this matter in having it resolved.

With thanks

  
Jehelpha Ferguson