

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90030 030 ****50.00

DOCUMENT # L05000029546



1. Entity Name

JEWELS FOREVER, LLC

Principal Place of Business

ANGELICAN BELTRAN
13572-239 TURTLE MARSH LOOP
ORLANDO FL 32837

Mailing Address

ANGELICAN BELTRAN
13572 TURTLE MARSH LOOP #239
ORLANDO FL 32837



2. Principal Place of Business

8410 S. Orange Blossom Trail

3. Mailing Address

5790 Manchester Bridge Dr

Suite, Apt. #, etc.

Booth C-31-32

Suite, Apt. #, etc.

N/A

1st MOORE

CR2E083 (10/05)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

20-2562443

Applied For

Not Applicable

Zip

32809

Country

USA

Zip

32829

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELTRAN, ANGELICAN
13572 TURTLE MARSH LOOP
#239
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name Angelica Beltran

Street Address (P.O. Box Number is Not Acceptable)

5790 Manchester Bridge Dr

City

Orlando

FL

Zip Code

32829

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BELTRAN, ANGELICA
STREET ADDRESS 13572 TURTLE MARSH LOOP #239
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Angelica Beltran Angelica Beltran

4-19-06

407-733-9073

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

Date

Daytime Phone #