

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034688

FILED  
Jul 06, 2006  
Secretary of State

Entity Name: BLINDS 4 LESS ,"LIMITED COMPANY "

## Current Principal Place of Business:

3341 NW 101 AVENUE  
SUNRISE, FL 33351

## New Principal Place of Business:

6348 CYPRESS GARDENS BLVD  
WINTER HAVEN, FL 33884 US

## Current Mailing Address:

3341 NW 101 AVENUE  
SUNRISE, FL 33351

## New Mailing Address:

P.O BOX 2454  
EAGLE LAKE, FL 33839 US

FEI Number: 86-1169245      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

FABIEN, LUCITO OWNER  
3341 NW 101 AVENUE  
SUNRISE, FL 33351 US

## Name and Address of New Registered Agent:

FABIEN, LUCITO  
421 TERRANOVA ST  
WINTER HAVEN, FL 33884 US

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: FABIEN LUCITO

07/06/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FABIEN, LUCITO OWNER  
Address: 3341 NW 101 AVENUE  
City-St-Zip: SUNRISE, FL 33351

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FABIEN, LUCITO  
Address: 421 TERRANOVA ST  
City-St-Zip: WINTER HAVEN, FL 33884 US

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: FABIEN LUCITO

MGR

07/06/2006

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