

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2007 8:00 am
Secretary of State

08-23-2007 90075 017 ****50.00

DOCUMENT # L05000075417 1. Entity Name WHAT A STITCH LLC					
Principal Place of Business 11708 WALTON PLACE NAPLES, FL 34100			Mailing Address 11708 WALTON PLACE NAPLES, FL 34100		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Naples FL		City & State		4. FEI Number 56-2675554	
Zip 34110	Country	Zip 34110	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, GARY K. ESQ. PORTER, WRIGHT, MORRIS & ARTHUR, LLP 5801 PELICAN BAY BLVD., SUITE 300 NAPLES, FL 34108				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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TYLER, MARTI 11708 WALTON PLACE NAPLES, FL 34100 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: Marti Tyler			Date: July 15 2007 239 5147172		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

ATTACHMENT

300/2842
#L05000075417

This is a corrected
copy with my FEI #
included. #50 was
already sent.

R. Ziller
239-514-7072

What a Stitch!