


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

17.

FILED
Feb 23, 2006 8:00 am
Secretary of State

01-24-2006 90041 045 ****50.00

EPDVNF0U!\$ L05000078973 2/ Entity Name SUNGLASSES GALORE, LLC	
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Principal Place of Business 44961 HAMBOPETUESV7 I FSOBOPICFED -QM45718	Mailing Address 44961 HAMBOPETUESV7 I FSOBOPICFED -QM45718
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20000400



2. Principal Place of Business	3. Mailing Address 13185 Cortez Blvd.
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Suite, Apt. #, etc. Coastal Way Plaza	Suite, Apt. #, etc.
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01102006 DI h.MD DS3F194122016*

City & State Brooksville FL	City & State
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4. FEI Number 20.3288518	Applied For Not Applicable
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Zip 34613	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE HOGAN LAW FIRM 20 S. BROAD STREET BROOKSVILLE, FL 34601		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Nbl f di f dt qbzbcrh up Gpsjeb Ef qbun f oupgTubf
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCNEAL, SANDI 3385 GULF COAST DRIVE HERNANDO BEACH, FL 34607 <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
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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

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: Sandra Y. 47121 Year Date: Jan. 16, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



ATTACHMENT

30000944

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

SUNGLASSES GALORE, LLC
3385 GULF COAST DRIVE
HERNANDO BEACH, FL 34607

Subject: SUNGLASSES GALORE, LLC

Reference Number: L05000078973

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION