

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90028 006 ****50.00

DOCUMENT # L05000087603

1. Entity Name

MAURICE JEWELRY DESIGN LLC



Principal Place of Business

312
415 MAIN ST
DUNEDIN FL 34698

Mailing Address

1820 WILLOW OAK DR
PALM HARBOR FL 34683



2. Principal Place of Business - No P.O. Box #

312 Main St

3. Mailing Address

312 Main St.

Suite, Apt. #, etc.

Dunedin FL 34698

Suite, Apt. #, etc.

Dunedin FL

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3418499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip

34698

Country

USA

Zip

34698

Country

Pinellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUMBERG, MAURICIO
1820 WILLOW OAK DR
PALM HARBOR FL 34683

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

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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BLUMBERG, MAURICIO
1820 WILLOW OAK DR
PALM HARBOR FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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10. ADDITIONS/CHANGES

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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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:

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

Date

Daytime Phone #

Mauricio Blumberg 4-10-07 727 734 4405