

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091048

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: LAKE CITY FLORIST & DESIGN, LLC

**Current Principal Place of Business:**

796 W DUVAL ST  
LAKE CITY, FL 32055 US

**New Principal Place of Business:**

**Current Mailing Address:**

796 W DUVAL ST  
LAKE CITY, FL 32055 US

**New Mailing Address:**

FEI Number: 32-0158311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEE, JONATHAN M  
205 PARSHLEY ST  
LIVE OAK, FL 32064 US

**Name and Address of New Registered Agent:**

SEE, JONATHAN M  
796 W DUVAL ST  
LAKE CITY, FL 32055 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: JOHN SEE

01/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR ( ) Delete  
Name: SEE, JOHN M OFFICER  
Address: 205 PARSHLEY ST  
City-St-Zip: LIVE OAK, FL 32064

**ADDITIONS/CHANGES:**

Title: MR (X) Change ( ) Addition  
Name: SEE, JOHN M OFFICER  
Address: 3045 SW WINDSONG AP 202  
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information supplied with this filing does not qualify 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: JOHN SEE

OWNE

01/08/2008

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