


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 02, 2006 8:00 am
Secretary of State

05-01-2006 90056 009 ****50.00

DOCUMENT # L05000102873					
1. Entity Name JACQUES OF ALL TRADES OF FORT LAUDERDALE LLC					
Principal Place of Business 700 SOUTHEAST 14TH STREET APT. C FORT LAUDERDALE, FL 33316			Mailing Address 700 SOUTHEAST 14TH STREET APT. C FORT LAUDERDALE, FL 33316		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City & State		City & State	
4. FEI Number 542186032				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PERROUD, CEDRIC 700 SOUTHEAST 14TH STREET APT. C FORT LAUDERDALE, FL 33316			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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BONNELL-PERROUD, CAROLINE 700 SOUTHEAST 14TH STREET APT. C FORT LAUDERDALE, FL 33316 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CEDRIC PERROUD 700 SE 14 ST APT C FORT LAUDERDALE, FL 33316 <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
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: _____ (Signature and typed or printed name of signing managing member, manager, or authorized representative) <div style="float: right; text-align: right;"> 4/28/06 Daytime Phone # </div>					

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04282006 Chg-LLC CR2E083 (11/05)



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3000 9473
Division of Corporations

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Document Number

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Business Entity Name

JACQUES OF ALL TRADES OF FORT LAUDERDALE LLC

FEI Number

542186032

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$5.00 each**Principal Place of Business**

Address

700 SOUTHEAST 14TH STREET APT. C

Suite, Apt. #, etc.

City, State

FORT LAUDERDALE**FL**

Zip Code & Country

33316**Mailing Address**

Address

700 SOUTHEAST 14TH STREET APT. C

Suite, Apt. #, etc.

City, State

FORT LAUDERDALE**FL**

Zip Code & Country

33316**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

PERROUD**, CEDRIC****- OR -**

Business to serve as RA

Address (PO Box is not acceptable) **700 SOUTHEAST 14TH STREET APT. C**

Suite, Apt. #, etc.

City, State

FORT LAUDERDALE**, FL**

Zip Code & Country

33316**US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

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own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Managing Member/Manager Name and Address

Our database can hold a total of six managers or managing members. If you must list more than six managers or managing members, you must download an annual report, list the additional managers or managing members on an attachment, and submit the filing in paper form along with the appropriate fees.

Title MGRM
Name (Last, First, Middle, Title) PERROUD, CEDRIC
- OR -
Entity Name to serve as MGR or MGRM
Street Address 700 SOUTHEAST 14TH STREET APT. C
City, State FORT LAUDERDALE, FL
Zip Code & Country 33316

Title
Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as MGR or MGRM

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as MGR or MGRM

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

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- OR -

Entity Name to serve as MGR or
MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or
MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or
MGRM

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named
above must type their name in the 'Managing Member/Manager Signature' block
below. A business entity name is not allowed in this block.

Title

Managing Member/Manager Signature

The individual "signing" this document affirms that the facts stated herein are true.

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