



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

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| DOCUMENT # L05000109849 1. Entity Name LADY 80'S LLC | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 77 BRUNSWICK LANE PALM COAST, FL 32137 | | | Mailing Address 77 BRUNSWICK LANE PALM COAST, FL 32137 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07132006 Chg-LLC CR2E083 (11/05) | | | | 4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">06-1761151</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Applied For Not Applicable</div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent NATELSON, ANDREW G 412 S. CENTRAL AVENUE FLAGLER BEACH, FL 32136 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px; display: inline-block;">Name Emma G. Pronesti</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Street Address (P.O. Box Number is Not Acceptable) 77 Brunswick Lane</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">City Palm Coast</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">FL</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Zip Code 32137</div> | | | | 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 <u>Emma Pronesti</u> 7-16-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">MGRM</td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">PRONESTI, EMMA G</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">77 BRUNSWICK LANE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">PALM COAST, FL 32137</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table> </div> </div> | | | | | | TITLE | MGRM | <input type="checkbox"/> Delete | NAME | PRONESTI, EMMA G | | STREET ADDRESS | 77 BRUNSWICK LANE | | CITY - ST - ZIP | PALM COAST, FL 32137 | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY - ST - ZIP | PALM COAST, FL 32137 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <u>Emma Pronesti</u> MGRM 7-16-06 386-252-8688 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |