

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000119665**

1. Entity Name  
**BRIDALS BY AGNES, LLC**



Principal Place of Business  
**217 ST JOE PLAZA DR  
PALM COAST, FL 32164 US**

Mailing Address  
**217 ST JOE PLAZA DR  
PALM COAST, FL 32164 US**



03222007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3949552**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DOBSA, AGNES M  
27 WESTCHESTER LN  
PALM COAST, FL 32164**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

U000000688484  
04/10/07-80086-001 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOBSA, AGNES 27 WESTCHESTER LN PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOBSA, WILLIAM L 27 WESTCHESTER LN PALM COAST, FL 32164
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**DO NOT WRITE  
IN THIS SPACE**

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:** Agnes M. Dobsa

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

03/28/07 386-447-8086

Date

Daytime Phone #