

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90084 040 ****50.00

DOCUMENT # L06000005994

1. Entity Name
UNFORGETTABLE CONSIGNMENT BOUTIQUE, LLC



Principal Place of Business
679 WELLINGTON STATION BLVD., APT. 27
ORMOND BEACH, FL 32174

Mailing Address
679 WELLINGTON STATION BLVD., APT. 27
ORMOND BEACH, FL 32174

60055458



2. Principal Place of Business - No P.O. Box
1462 OCEAN SHORE BLVD
Suite, Apt. #, etc.

3. Mailing Address
1462 OCEAN SHORE BLVD
Suite, Apt. #, etc.

08172007 Chg-LLC CR2E083 (12/06)

City & State
ORMOND BEACH FL
Zip
32176
Country

City & State
ORMOND BEACH FL
Zip
32176
Country
USA

4. FEI Number
550914324
Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SQUIRE, RUTH A
679 WELLINGTON STATION BLVD., APT. 27
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name
SAME

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 *Ruth Ann Squire*
Signature (Typed or printed name of registered agent or officer) DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR SQUIRE, RUTH A 679 WELLINGTON STATION BLVD., APT. 27 ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Ruth Ann Squire* 8-30-07