

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007601

FILED  
Sep 11, 2007  
Secretary of State

**Entity Name:** CINNAMON RAE'S MOBILE MAKEOVERS, LLC

**Current Principal Place of Business:**

6136 PRINCIPIA DR. #1  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

6136 PRINCIPIA DR. #1  
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GREENE, CINNAMON RAE  
6136 PRINCIPIA DR. #1  
FORT MYERS, FL 33919 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GREENE, CINNAMON RAE  
Address: 6136 PRINCIPIA DR. #1  
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM ( ) Delete  
Name: FAILS, ALVIN LEE  
Address: 12380 3RD ST.  
City-St-Zip: FORT MYERS, FL 33905

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CINNAMON GREENE

MGRM

09/11/2007

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