

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000009286

Entity Name: MAKES SCENTS, LLC

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

333 FALKENBURG RD N  
UNIT B-224  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

8812 CROSSWOOD CT  
RIVERVIEW, FL 33578

**New Mailing Address:**

PO BOX 89775  
TAMPA, FL 33689

FEI Number: 42-1694287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHIVEL, CHRISTY F  
8812 CROSSWOOD CT  
RIVERVIEW, FL 33578 US

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

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  
Name: SHIVEL, CHRISTY F  
Address: 8812 CROSSWOOD CT  
City-St-Zip: RIVERVIEW, FL 33578

I hereby 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: CF SHIVEL

MGRM

04/22/2011

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