

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

02-12-2007 90307 036 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000010220					
1. Entity Name A PLACE FOR EVERYTHING LLC					
Principal Place of Business 129 VIA QUANTERA PALM BEACH GARDENS FL 33418			Mailing Address 129 VIA QUANTERA PALM BEACH GARDENS FL 33418		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4205891	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when remaining)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR CRISCUOLO, STEFANIE 129 VIA QUANTERA PALM BEACH GARDENS FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CRISCUOLO, STEFANIE	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MCHENRY, SUSAN 129 VIA QUANTERA PALM BEACH GARDENS FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR KEPLER, KIM 129 VIA QUANTERA PALM BEACH GARDENS FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Stefanie Criscuolo Stefanie CRISCUOLO</u> 1/31/07 501 028					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 01916					