


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

06-18-2007 90197 021 \*\*\*\*50.00

<b>DOCUMENT # L06000017835</b>					
<b>1. Entity Name</b> VILLAGE DECORATORS LLC					
<b>Principal Place of Business</b> 8010 S W 175TH ST MIAMI, FL 33157 US			<b>Mailing Address</b> 8010 S W 175TH ST MIAMI, FL 33157 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 13123 SW 64 <sup>th</sup> Ct.		<b>3. Mailing Address</b> 13123 SW 64 <sup>th</sup> Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Pinecrest, FL		<b>City &amp; State</b> Pinecrest, FL		<b>4. FEI Number</b> 37-1525388	
<b>Zip</b> 33156		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> THEBAUD-VERWAAY, NATACHA 8010 S W 175TH ST MIAMI, FL 33157			<b>7. Name and Address of New Registered Agent</b> Name: <u>Thébaud-Verwaay, Natacha</u> Street Address (P.O. Box Number is Not Acceptable): <u>13123 SW 64<sup>th</sup> Court</u> City: <u>Pinecrest</u> <b>FL</b> <b>Zip Code</b> <u>33156</u>		
<b>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.</b>					
SIGNATURE <u>[Signature]</u> <small>Signature of registered agent and title if applicable.</small>		DATE <u>June 14, 2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> MGRM <b>NAME</b> WIENER, CECILIA <b>STREET ADDRESS</b> 8010 S W 175TH ST <b>CITY-ST-ZIP</b> MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> THEBAUD-VERWAAY, NATACHA <b>STREET ADDRESS</b> 8010 S W 175TH ST <b>CITY-ST-ZIP</b> MIAMI, FL 33157	<input type="checkbox"/> Delete		<b>TITLE</b> MGRM <b>NAME</b> Thebaud-Verwaay, Natacha <b>STREET ADDRESS</b> 13123 SW 64 <sup>th</sup> Court <b>CITY-ST-ZIP</b> Pinecrest, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>June 14, 2007</u> <u>786-385-4639</u> <small>Daytime Phone #</small>		