

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90187 007 \*\*\*138.75

**DOCUMENT # L06000021750**

1. Entity Name  
COUTURE WEDDING CAKES, LLC



Principal Place of Business  
14658 S.W. 159TH PLACE  
MIAMI, FL 33196

Mailing Address  
14658 S.W. 159TH PLACE  
MIAMI, FL 33196

**60042112**



04142008 No Chg-LLC

CR2E083 (12/07)

4. FE# Number **20-4319400**

Applied For

Not Applied

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CLARKE, CAROL  
14658 S.W. 159TH PLACE  
MIAMI, FL 33196

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CLARKE, CAROL  
14658 S.W. 159TH PLACE  
MIAMI, FL 33196

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CLARKE, NORMAN  
14658 S.W. 159TH PLACE  
MIAMI, FL 33196

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MILLER, MARJORIE  
14658 S.W. 159TH PLACE  
MIAMI, FL 33196

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Carol Clarke

CAROL CLARKE 4/24/08 417 344 0395