


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90204 045 ***138.75

DOCUMENT # L06000024807	
1. Entity Name ELEGANT DECOR BY GEORGE, LLC	

Principal Place of Business 6639 WATERTON DRIVE RIVERVIEW, FL 33569	Mailing Address 6639 WATERTON DRIVE RIVERVIEW, FL 33569
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2. Principal Place of Business - No P.O. Box # 6639 Waterton Dr Suite, Apt. #, etc.	3. Mailing Address 6639 Waterton Dr Suite, Apt. #, etc.
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City & State Riverview, FL	City & State Riverview FL
Zip 33578	Zip 33578
Country Hillsborough	Country Hillsborough



01072008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent DYGERT, MARY L 6639 WATERTON DR. RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DYGERT, GEORGE E 6639 WATERTON DR RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DYGERT, MARY L 6639 WATERTON DR. RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Mary L. Dygert 1-7-08 813-664-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #