

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90291 001 *****5.00
05-23-2008 90291 002 ***138.75

30007479



01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number **APPLIED FOR** ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

Country **U.S.A.**

6. Name and Address of Current Registered Agent

BADE, BERNICE
40 N. E. 49TH STREET
OAKLAND PARK, FL 33334

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 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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	BADE, BERNICE	
STREET ADDRESS	40 N.E. 49TH STREET	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

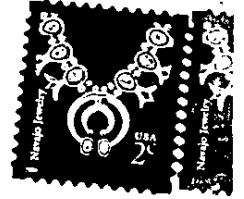
SIGNATURE: Bernice Bade January-24th-008 (954) 493-9726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

30007879

#L06000028592

Ms. Bade
40 North East 49th Street
Oakland Park,
Florida
33334



Florida Dept of State
Secretariat State

40 North East 49th Street
Tallahassee, Florida 32314

Tallahassee, Florida 32314

CUSTOMER'S RECEIPT



#L06000028592 Turtle Dove Greetings, LLC

SEE BACK OF THIS RECEIPT
FOR IMPORTANT CLAIM
INFORMATION

NOT
NEGOTIABLE

15-800
000

POSTAL MONEY ORDER



SERIAL NUMBER 11804673246
YEAR MONTH DAY 2008-01-24
POST OFFICE 333061
AMOUNT \$ 138.75
U.S. DOLLARS AND CENTS 333061 38754

PAY TO Florida Dept. of State Division of Corporations
ADDRESS P.O. Box #8700
Tallahassee, Florida 32314
C.O.D. NO. OR USED FOR
FROM B. Bade
ADDRESS 40 N.E. 49th Street
Oakland Park, Florida 33334

11804673246

CUSTOMER'S RECEIPT



#L06000028592 Turtle Dove Greetings, LLC

SEE BACK OF THIS RECEIPT
FOR IMPORTANT CLAIM
INFORMATION

NOT
NEGOTIABLE

15-800
000

POSTAL MONEY ORDER



SERIAL NUMBER 11804673246
YEAR MONTH DAY 2008-01-24
POST OFFICE 333061
AMOUNT \$ 5.00
U.S. DOLLARS AND CENTS 333061 5004

PAY TO Florida Dept. of State Division of Corporations
ADDRESS P.O. Box #8700
Tallahassee, Florida 32314
FROM B. Bade
ADDRESS 40 N.E. 49th Street