

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90197 010 ****50.00

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1. Entity Name
REASONABLE ELEGANCE LLC

Principal Place of Business
2331 OAK BEND PLACE
THE VILLAGES, FL 32162

Mailing Address
2331 OAK BEND PLACE
THE VILLAGES, FL 32162

2. Principal Place of Business - No P.O. Box #

11962 CR 101

3. Mailing Address

11962 CR 101

Suite, Apt. #, etc.

Palm Ridge Plaza - Ste 104

Suite, Apt. #, etc.

Palm Ridge Plaza Ste 104

City & State

The Villages FL

City & State

The Villages FL

Zip

32162

Country

USA

Zip

32162

Country

USA

01112007 Chg-LLC CR2E083 (12/06)

4. FEI Number

42-1702367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORMAN, GRACE
2331 OAK BEND PLACE
THE VILLAGES, FL 32162

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GIBSON, EVELYN J
STREET ADDRESS 325 BATESBURG WAY
CITY-ST-ZIP THE VILLAGES, FL 32162

TITLE MGRM ☐ Delete
NAME NORMAN, GRACE
STREET ADDRESS 2331 OAK BEND PLACE
CITY-ST-ZIP THE VILLAGES, FL 32162

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
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Grace Norman 3/28/07 352-205-8355