2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000043482

1. Entity Name
GIFT MADAMS, LLC

Principal Place of Business	Mailing Address
5052 N TAMIAMI TR #B NAPLES, FL 34103	5052 N TAMIAMI TR #B NAPLES, FL 34103

02252008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ $5.00 Additi
Fee Required

6. Name and Address of Current Registered Agent

GUIDIDAS, ANN
1550 13TH AVE N
NAPLES, FL 34102

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, a the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstated)

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

000000342973
03/11/08-80051-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GUIDIDAS, ANN
STREET ADDRESS	1550 13TH AVE N
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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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 inf 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 manag limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Ann Guidi 2/28/08 Ann Guidi