

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90016 042 \*\*\*138.75

**DOCUMENT # L06000048442**

1. Entity Name

**WATERBURY BEDAZZLED, LLC**



Principal Place of Business

**25 WILLIAMS STREET  
PITTSFIELD, MA 01201**

Mailing Address

**25 WILLIAMS STREET  
PITTSFIELD, MA 01201**

**DO NOT WRITE IN THIS SPACE**



04302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**03-0592026**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TIDWELL, MICHAEL D  
811 NORTH SPRING STREET  
PENSACOLA, FL 32501**

**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  
ANTHONY, MARGARET M  
25 WILLIAMS STREET  
PITTSFIELD, MA 01201**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ANTHONY, CHRISTIAN J  
25 WILLIAMS STREET  
PITTSFIELD, MA 01201**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ANTHONY, JOHN B  
25 WILLIAMS STREET  
PITTSFIELD, MA 01201**

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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Signature of Margaret M. Anthony* *Signature of John B. Anthony* **4/29/08** **413** **499-2978**