

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050846

FILED  
Mar 21, 2007  
Secretary of State

Entity Name: CHARM SHOES & PEDICURES, LLC

**Current Principal Place of Business:**

5201 SW 91ST DRIVE, UNIT 20-101  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

5201 SW 91ST DRIVE,  
SUITE A  
GAINESVILLE, FL 32608

**Current Mailing Address:**

1505 FT. CLARKE BLVD., APT. 13-201  
GAINESVILLE, FL 32606

**New Mailing Address:**

5201 SW 91ST DR.  
SUITE A  
GAINESVILLE, FL 32608

FEI Number: 20-4886924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHANCELLOR, AMANDA  
1505 FT. CLARKE BLVD., APT. 13-201  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

CHANCELLOR, AMANDA  
5201 SW 91ST DR.  
SUITE A  
GAINESVILLE, FL 32608 US

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.

SIGNATURE: AMANDA CHANCELLOR

03/21/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MS. ( ) Change (X) Addition  
Name: CHANCELLOR, AMANDA K  
Address: 5201 SW 91ST DR. SUITE A  
City-St-Zip: GAINESVILLE, FL 32608 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMANDA CHANCELLOR

MS.

03/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date