

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054810

Entity Name: COLOURS EN VOGUE, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

2160 ACADEMY DRIVE
PENSACOLA, FL 32514 US

New Principal Place of Business:

283 CHESTNUT STREET
PENSACOLA, FL 32506 US

Current Mailing Address:

2160 ACADEMY DRIVE
PENSACOLA, FL 32514 US

New Mailing Address:

283 CHESTNUT STREET
PENSACOLA, FL 32506 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

RESMONDO, KATHY A
283 CHESTNUT ST
PENSACOLA, FL 32306 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: KATHY A RESMONDO

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: GARZA, CAROL H
Address: 2160 ACADEMY DRIVE
City-St-Zip: PENSACOLA, FL 32514 US

Title: MGRM () Delete
Name: RESMONDO, KATHY A
Address: 283 CHESTNUT STREET
City-St-Zip: PENSACOLA, FL 32514 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: RESMONDO, KATHY A
Address: 283 CHESTNUT STREET
City-St-Zip: PENSACOLA, FL 32506 US

I hereby certify that the information supplied with this filing does not qualify 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: KATHY A RESMONDO

MGRM

04/30/2007

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