

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061259

FILED
Mar 02, 2009
Secretary of State

Entity Name: EXPRESSIONS FROM THE HEART FLORIST & GIFT SHOP LLC

Current Principal Place of Business:

200-B REID AVENUE
PORT ST JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

200-B REID AVENUE
PORT ST JOE, FL 32456 US

New Mailing Address:

FEI Number: 20-5048457 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WHITE, JOHANNA L
107 SAUNDERS CIRCLE
PORT ST JOE, FL 32456 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHITE, JOHANNA L
Address: 107 SAUNDERS CIRCLE
City-St-Zip: PORT ST JOE, FL 32456 US

Title: MGRM (X) Delete
Name: HARRISON, RHONDA
Address: 601 GARRISON AVENUE
City-St-Zip: PORT ST JOE, FL 32456

ADDITIONS/CHANGES:

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

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

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: JOHANNA WHITE

MGM

03/02/2009

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