

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070680

Entity Name: FIRST IMPRESSIONS L.L.C.

FILED
Jan 16, 2008
Secretary of State

Current Principal Place of Business:

2561 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

1865 JACLIF COURT.
TALLAHASSEE, FL 32308

Current Mailing Address:

2561 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

New Mailing Address:

1865 JACLIF COURT.
TALLAHASSEE, FL 32308

FEI Number: 11-3786437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCDONALD, ANTOINETTE
1334 LAWNSDALE RD.
TALLAHASSEE, FL 32317 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: MGR () Delete
Name: WATTS, JANE
Address: 1261 YEARLING TRAIL
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM () Delete
Name: WATTS, KARL
Address: 1261 YEARLING TRAIL
City-St-Zip: TALLAHASSEE, FL 32317

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: KARL WATTS

MGRM

01/16/2008

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