

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072243

Entity Name: MELANIE'S CORNER, LLC

FILED  
Jan 14, 2007  
Secretary of State

**Current Principal Place of Business:**

3415 SOUTH MANHATTAN AVENUE  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

606 S. WILLOW AVENUE  
TAMPA, FL 33606 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

STALLINGS, MELANIE  
606 S. WILLOW AVENUE  
TAMPA, FL 33606 US

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

STALLINGS, MELANIE S  
606 S. WILLOW AVENUE  
TAMPA, FL 33606 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: MELANIE S. STALLINGS

01/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STALLINGS, MELANIE  
Address: 606 S. WILLOW AVENUE  
City-St-Zip: TAMPA, FL 33606 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STALLINGS, MELANIE S  
Address: 606 S. WILLOW AVENUE  
City-St-Zip: TAMPA, FL 33606 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: MELANIE S. STALLINGS

MGRM

01/14/2007

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