2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2008
Secretary of State

DOCUMENT# L06000082674

Entity Name: DUELLING DIVAS, LLC

Current Principal Place of Business:

8315 SE 12TH COURT
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

732 NW 29 STREET
WILTON MANORS, FL 33311

New Mailing Address:

FEI Number: 20-5803735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REYNOLDS SIGURDSON, WENDY
732 NW 29TH STREET
WILTON MANORS, FL 33311 US

Name and Address of New Registered Agent:

REYNOLDS, WENDY
732 NW 29TH STREET
WILTON MANORS, FL 33311 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: WENDY REYNOLDS 05/09/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FIORAVANTE, BIRGIT
Address: 8315 SE 12TH COURT
City-St-Zip: OCALA, FL 34480

Title: MGRM ( ) Delete
Name: REYNOLDS SIGURDSON, WENDY
Address: 732 NW 29TH STREET
City-St-Zip: WILTON MANORS, FL 33311

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: REYNOLDS, WENDY
Address: 732 NW 29TH STREET
City-St-Zip: WILTON MANORS, FL 33311

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: WENDY REYNOLDS MGRM 05/09/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date