2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90155 020 ***138.75

DOCUMENT # L06000092295

1. Entity Name
JENNIFER'S BRIDALWEAR AND TUXES, LLC

Principal Place of Business	Mailing Address
6830 E. FOWLER AVE. TEMPLE TERRACE FL 33592 US	12433 KELSO ROAD THONOTOSASSA FL 33592 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/07)

4. FEI Number 30-0381549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUSAREK, ADAM J 12433 KELSO ROAD THONOTOSASSA FL 33592	Name: Husarek Richard W. Street Address (P.O. Box Number is Not Acceptable): 12433 Kelso Road City: Thonotosassa FL Zip Code: 33592

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Richard Husarek Richard W. Husarek 3/13/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUSAREK, DEBORAH S		NAME		
STREET ADDRESS	12433 KELSO ROAD		STREET ADDRESS		
CITY-ST-ZIP	THONOTOSASSA FL 33592		CITY-ST-ZIP		
TITLE	MGRM	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	HUSAREK, RICHARD W		NAME		
STREET ADDRESS	12433 KELSO ROAD		STREET ADDRESS		
CITY-ST-ZIP	THONOTOSASSA FL 33592		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Deborah S Husarek Deborah S. Husarek 3/13/07 8139886816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #