

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097062

FILED
Apr 16, 2007
Secretary of State

Entity Name: GUYS AND DOLLS NEW TO YOU, LLC

Current Principal Place of Business:

422 SW 2ND TERRACE
CAPE CORAL, FL 33915

New Principal Place of Business:

422 SW 2ND TERRACE
110
CAPE CORAL, FL 33991

Current Mailing Address:

2069 W. LAKEVIEW BLVD. E1
NORTH FORT MYERS, FL 33903

New Mailing Address:

422 SW 2ND TERRACE
110
CAPE CORAL, FL 33991

FEI Number: 30-0346325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, TAMMY
2069 W. LAKEVIEW BLVD. E1
CAPE CORAL, FL 33915 US

Name and Address of New Registered Agent:

JOHNSON, TAMMY
2069 W. LAKEVIEW BLVD. E1
N FT MYERS, FL 33903 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: TAMMY JOHNSON

04/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, TAMMY
Address: 2069 W. LAKEVIEW BLVD. E1
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: MGR () Delete
Name: FORMAN, DARREN
Address: 2069 W. LAKEVIEW BLVD. E1
City-St-Zip: NORTH FT. MYERS, FL 33903

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 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: TAMMY JOHNSON

MGR

04/16/2007

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