

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90322 016 \*\*\*\*50.00

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03162007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000098121</b> 1. Entity Name <b>EMILY'S ATTIC, LLC</b>					
Principal Place of Business <b>8101 COUNTRY ROAD</b> <b>FORT MYERS, FL 33919 US</b>			Mailing Address <b>8101 COUNTRY ROAD</b> <b>FORT MYERS, FL 33919 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>8101 COUNTRY ROAD</b>			
Suite, Apt. #, etc.  		Suite, Apt. #, etc. <b>204</b>			
City & State  		City & State <b>FORT MYERS, FL</b>			
Zip  	Country  	Zip <b>33919</b>	Country  	4. FEI Number <b>20-5885909</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MILLER, EMILY</b> <b>8101 COUNTRY ROAD #204</b> <b>FORT MYERS, FL 33919</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to:</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MILLER, EMILY</b> <b>8101 COUNTRY ROAD</b> <b>FORT MYERS, FL 33919</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <i>Em Miller</i>			Date: <b>3/16/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #: <b>239-437-3065</b>		