'2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000107470

1. Entity Name EXQUISITE SUPPLY LLC



FILED Mar 26, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

7156 SOMERSWORTH DRIVE ORLANDO, FL 32835

7156 SOMERSWORTH DRIVE ORLANDO, FL. 32835



DO NOT WRITE IN THIS SPACE

03202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 22-3946469 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent eigneture required when reinstating)	OATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		U00000869989
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PILLAY, PRAVEEN 7156 SOMERSWORTH DRIVE ORLANDO, FL 32835		04/09/08-80071-025 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ANDRESS			

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 eath; 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:

CITY-ST-ZIP

Bell

3-18-1

407-760-5298

SIGNATURE AND TYPED OR PROTED MAINS OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Death

Daytime Phone #