

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108968

Entity Name: IRWINSELLS, LLC

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

315 DEL RIO LN
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

980 RIVER TRL
VERO BEACH, FL 32963

Current Mailing Address:

315 DEL RIO LN
MELBOURNE BEACH, FL 32951

New Mailing Address:

980 RIVER TRL
VERO BEACH, FL 32963

FEI Number: 20-5887124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRWIN, HARRI-ANN
315 DEL RIO LN
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

IRWIN, HARRI-ANN
980 RIVER TRL
VERO BEACH, FL 32963 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:

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IRWIN, HARRI-ANN
Address: 315 DEL RIO LN
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: MGRM () Delete
Name: IRWIN, HARRI-ANN
Address: 315 DEL RIO LN
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: IRWIN, HARRI-ANN
Address: 980 RIVER TRL
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM (X) Change () Addition
Name: IRWIN, MICHAEL H
Address: 980 RIVER TRL
City-St-Zip: VERO BEACH, FL 32963

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: HARRI-ANN IRWIN

PRES

04/24/2007

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