2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jun 02, 2008 8:00 am Secretary of State DOCUMENT # L06000111087 06-02-2008 90258 020 ***138.75 VNL FASHION, DECOR & GIFTS LLC Principal Place of Business Mailing Address 116 BARTRAM OAKS WALK 116 BARTRAM OAKS WALK JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32259 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 116 Bartram Oaks Walk 116 Bartram Oaks Walk Suite, Apt. #, etc. Suite, Apt. #, etc. 05282008 Chg-LLC CR2E083 (12/06) Suite 104 iuite 104 City & State 4. FEI Number Applied For City & State <u>saint</u> Johns FL Johns, Fl Saint 01-0878254 Not Applicable Country Saint Country \$5.00 Additional 5. Certificate of Status Desired Saint Johns Johns 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS, PAMELA S Street Address (P.O. Box Number is Not Acceptable) 775 GINGERBRED LANE JACKSONVILLE, FL 32234 Zip Code City 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 end title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$538.75 Make check payable to Due by September 12, 2008 Florida Department of State Please read 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE □ Delete TITLE Change ☐ Addition THOMAS, PAMELA S NAME NAME STREET ADDRESS 775 GINGERBRED LANE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32234 CITY_ST_7/P **MGRM** TITLE Delete TITLE ☐ Change Addition NAME THOMAS, CARL B NAME STREET ADDRESS 775 GINGERBRED LANE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32234 CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITS F Delete TITLE ☐ Change ☐ Addition NAME NAME

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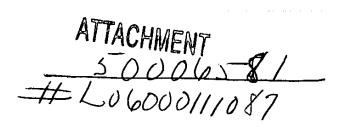
hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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.

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP



MAY 28, 2008

From: Pamela Thomas

VNL FASHION DÉCOR & GIFTS LLC 116 Bartram Oaks Walk Suite 104 Saint Johns, FL 32259

To: Annual Report Section

To Whom It May Concern:

I am asking that you please waive my \$400.00 penalty fee for not sending in the Annual Report on time. I am a new business and didn't realize that this was a different report then what my CPA had to submit for annual reports. I had recently noticed the postcard and called to ask about it. My cell phone number is 904-424-5291.

Sincerely,

Pamela Thomas