


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90258 020 ***138.75

DOCUMENT # L06000111087	
Entity Name VNL FASHION, DECOR & GIFTS LLC	

Principal Place of Business 116 BARTRAM OAKS WALK 104 JACKSONVILLE, FL 32259 US	Mailing Address 116 BARTRAM OAKS WALK 104 JACKSONVILLE, FL 32259 US
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2. Principal Place of Business - No P.O. Box # 116 Bartram Oaks Walk	3. Mailing Address 116 Bartram Oaks Walk
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc. Suite 104
City & State Saint Johns, FL	City & State Saint Johns, FL
Zip 32259	Country Saint Johns



05282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 01-0878254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, PAMELA S 775 GINGERBRED LANE JACKSONVILLE, FL 32234	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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) DATE _____

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008 <i>Please read letter.</i>	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMAS, PAMELA S 775 GINGERBRED LANE JACKSONVILLE, FL 32234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMAS, CARL B 775 GINGERBRED LANE JACKSONVILLE, FL 32234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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"/> Delete	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.

ATTACHMENT

500065-81
L06000111087

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