

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000119823**

**1. Entity Name**  
**STEPHANIE'S SIMPLICITIES, LLC**



**Principal Place of Business**  
**244 ISLE VERDE WAY**  
**PALM BEACH GARDENS, FL 33418**

**Mailing Address**  
**244 ISLE VERDE WAY**  
**PALM BEACH GARDENS, FL 33418**



04092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**NOT APPLICABLE**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TICKNER, STEPHANIE**  
**244 ISLE VERDE WAY**  
**PALM BEACH GARDENS, FL 33418**

**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** SAMUEL TICKNER  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10 APRIL 2008  
DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000911168  
05/07/08-80030-001 138.75

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>TICKNER, STEPHANIE</b>
<b>STREET ADDRESS</b>	<b>244 ISLE VERDE WAY</b>
<b>CITY-ST-ZIP</b>	<b>PALM BEACH GARDENS, FL 33418</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>TICKNER, SAMUEL</b>
<b>STREET ADDRESS</b>	<b>244 ISLE VERDE WAY</b>
<b>CITY-ST-ZIP</b>	<b>PALM BEACH GARDENS, FL 33418</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE:** [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

561-358-2827

10 APRIL 2008