

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90103 011 ***138.75

DOCUMENT # L06000121452

1. Entity Name

ELIZABETH'S ATTIC LLC



Principal Place of Business

404 WEST JAMES LEE BLVD
CRESTVIEW FL 32536

Mailing Address

404 WEST JAMES LEE BLVD
CRESTVIEW FL 32536



2. Principal Place of Business - No P.O. Box #

404 West James Lee Blvd

3. Mailing Address

2009 Hidden Springs DR

Suite, Apt. #, etc.

BLVD

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

CRESTVIEW, FL

City & State

BAKER, FL

4. FEI Number

20-8082927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLUSSER, JOSEPH
404 WEST JAMES LEE BLVD
CRESTVIEW FL 32536

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

Joseph D. Slusser

Joseph D. Slusser

4-20-08

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SLUSSER, JOSEPH
STREET ADDRESS 404 WEST JAMES LEE BLVD
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE MGRM ☐ Delete
NAME SLUSSER, PAM
STREET ADDRESS 404 WEST JAMES LEE BLVD
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME KRISTY SLUSSER
STREET ADDRESS 404 W JAMES LEE
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE MGRM ☐ Change ☒ Addition
NAME JEREMY SLUSSER
STREET ADDRESS 404 W JAMES LEE
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joseph D. Slusser 4-20-08 8504230180
4-20-08 8504230180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE