

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121498

FILED
Mar 11, 2009
Secretary of State

Entity Name: CONSIDER THE LILIES FLORAL DESIGNS OF PENSACOLA LLC

Current Principal Place of Business:

2171 E. OLIVE ROAD
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

2171 E. OLIVE ROAD
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 71-1019034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUBBELL, GLENNIS J
2171 E. OLIVE ROAD
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUBBELL, GLENNIS J
Address: 2171 E. OLIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM () Delete
Name: HUBBELL, DAVID S
Address: 2171 E. OLIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: MGR () Delete
Name: CARLSON, KRISTINA M
Address: 2171 E. OLIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID S. HUBBELL

MGRM

03/11/2009

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