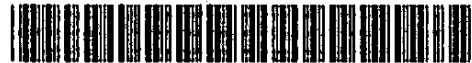


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90099 044 \*\*\*143.75

60044807



07072008 Chg-LLC CR2E083 (12/06)

4. FEI Number **84-1720 778** Applied For  
Not Applicable

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

**DOCUMENT # L06000122445**  
1. Entity Name  
**CAROLYN ALLEN'S BRIDALS & FORMALS LLC**



Principal Place of Business  
**5410 CENTRAL FLORIDA PARKWAY  
ORLANDO, FL 32821**

Mailing Address  
**5410 CENTRAL FLORIDA PARKWAY  
ORLANDO, FL 32821**

**CAROLYN ALLEN'S BRIDAL**

2. Principal Place of Business - No P.O. Box  
**5410 CENTRAL FLA PKWAY**

3. Mailing Address  
**AS ABOVE**

Suite, Apt. #, etc.

City & State  
**ORLANDO FL**

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**DE SOUSA, WALTER K  
2583 SAGE DRIVE  
KISSIMMEE, FL 34758**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DE SOUSA, SUMATEE 2583 SAGE DRIVE KISSIMMEE, FL 34758</b> <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
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.

**SIGNATURE:** *DeSousa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #