

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90237 036 ***138.75

DOCUMENT # L06000123062					
1. Entity Name SIMPLY ELEGANT, LLC					
Principal Place of Business 6517 YELLOWHAMMER AVE. TAMPA, FL 33625			Mailing Address 6517 YELLOWHAMMER AVE. TAMPA, FL 33625		
2. Principal Place of Business - No P.O. Box # 915 EAST GRANT AVE		3. Mailing Address 6517 Yellowhammer Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312008 Chg-LLC CR2E083 (12/06)	
City & State Tampa FL		City & State Tampa FL		4. FEI Number 20-8760767	
Zip 33604		County Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, JOHN D 6517 YELLOWHAMMER AVE. TAMPA, FL 33625			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE		
NAME	HENRY, PHYLLIS J		NAME		
STREET ADDRESS	6517 YELLOWHAMMER AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<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: Phyllis J Henry <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 4/2/08 Daytime Phone #: 813 629-4304		