2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000010110

Entity Name: LITTLE ANGELS BOUTIQUE LLC.

Current Principal Place of Business:

6562 NW SELVITS RD
PORT ST LUCIE, FL 34983

New Principal Place of Business:

421 NW NORT MACEDO BLVD
PORT ST LUCIE, FL 34983

Current Mailing Address:

421 NW NORTH MACEDO BLVD.
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 20-8321640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, MICHELLE
421 NW NORTH MACEDO BLVD.
PORT ST LUCIE, FL 34983 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: MGR ( ) Delete
Name: SEATON, DEVON B
Address: 1850 SW CAPEHART AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: MGRM ( ) Delete
Name: WILLIAMS, MICHELLE E
Address: 421 NW NORTH MACEDO BLVD
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SEATON, DEVON B
Address: 421 NW NORTH MACEDO BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

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: MICHELLE WILLIAMS MGRM 04/30/2009

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