

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011145

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** FIRSTLINE JEWELRY PRODUCTS AND ACCESSORIES, LLC

**Current Principal Place of Business:**

7036 TWIN HILLS TERRACE  
LAKEWOOD RANCH, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

7036 TWIN HILLS TERRACE  
LAKEWOOD RANCH, FL 34202

**New Mailing Address:**

**FEI Number:** 20-8338692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRENCH, C. TED  
2033 MAIN ST  
STE 304  
SARASOTA, FL 34237 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: MOLLICONE, ROBERT  
Address: 7175 WHITEMARSH CIRCLE  
City-St-Zip: BRADENTON, FL 34202 US

Title: MGRM ( ) Delete  
Name: MOLLICONE, SUSAN  
Address: 7175 WHITEMARSH CIRCLE  
City-St-Zip: SARASOTA, FL 34202 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MOLLICONE, ROBERT  
Address: 7036 TWIN HILLS TERRACE  
City-St-Zip: BRADENTON, FL 34202 US

Title: MGRM (X) Change ( ) Addition  
Name: MOLLICONE, SUSAN  
Address: 7036 TWIN HILLS TERRACE  
City-St-Zip: SARASOTA, FL 34202 US

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: ROBERT W. MOLLICONE

MGR

02/13/2009

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