


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90209 047 \*\*\*143.75

<b>DOCUMENT # L07000011887</b>	
1. Entity Name <b>DOGWOOD BLOSSOM STATIONERY AND INVITATION STUDIO, LLC</b>	

Principal Place of Business <del>201 PLANTATION CLUB DRIVE #211</del> <del>MELBOURNE, FL 32940</del>	Mailing Address <del>PO BOX 410197</del> <del>MELBOURNE, FL 32941-0197</del>
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**60012754**



2. Principal Place of Business - No P.O. Box # <b>4010 Oakland Street</b>	3. Mailing Address <b>PO Box 663</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01022008 Chg-LLC CR2E083 (12/06)

City & State <b>Cocoa, FL</b>	City & State <b>Sharps, FL</b>
Zip <b>32927</b>	Zip <b>32959</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-1296940</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>WILSON, DENISE</b> <del>201 PLANTATION CLUB DRIVE #211</del> <del>MELBOURNE, FL 32940</del> <b>ADDRESS CHANGE ONLY</b>	
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4010 Oakland Street</b> City <b>Cocoa</b> <b>FL</b> Zip Code <b>32927</b>	
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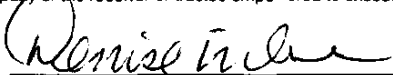
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WILSON, DENISE</b> <b>201 PLANTATION CLUB DRIVE #211</b> <b>MELBOURNE, FL 32940</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
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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.

<b>SIGNATURE:</b> 	<b>1/2/08</b>	<b>(321) 626-9156</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>