

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012281

FILED  
Sep 05, 2008  
Secretary of State

Entity Name: TOO BLESSED GROUP LLC

**Current Principal Place of Business:**

4110 FOREST DRIVE  
WESTON, FL 33332 US

**New Principal Place of Business:**

**Current Mailing Address:**

4110 FOREST DRIVE  
WESTON, FL 33332 US

**New Mailing Address:**

FEI Number: 20-8411771      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ARMIDA, NAVAS  
4110 FOREST DRIVE  
WESTON, FL 33332 US

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: ARMIDA, NAVAS  
Address: 4110 FOREST DRIVE  
City-St-Zip: WESTON, FL 33332 US

Title: MGR ( ) Delete  
Name: MARIA ANDREA, PONCELEON  
Address: 4110 FOREST DRIVE  
City-St-Zip: WESTON, FL 33332 US

Title: MGR ( ) Delete  
Name: CARLA ANDREINA, PONCELEON  
Address: 4110 FOREST DRIVE  
City-St-Zip: WESTON, FL 33332 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARMIDA NAVAS

MG

09/05/2008

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