2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 19, 2008 8:00 am Secretary of State

DOCUMENT # L07000022212 1. Entity Name LOVELY FRAGANCES, LLC					03-19-2008 90149 038 ***138.75				
Principal Place	e of Business		•	1					
1792 71 STREET MIAMI BEACH, FL 33141		1792 71 STREET	Mailing Address 1792 71 STREET MIAMI BEACH, FL 33141			âlu lavl davi bûn sêri sêri	PG118 11818 11818 111	Pillein Mn	## IF
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2. Principal Place of Business - No P.O. Box #						D	60/90 1/50/0 1/6/10 1/10	E) E I	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072008	Chg-LLC	CR2E083 (
City & State		City & State			4. FEI Number 26 - 0.	149373		\vdash	plied For t Applicable
Zìp	Country	Zip	Coun	try	5. Certificate of	of Status Desired.		00 Add Required	
	6. Name and Address of C		7. Name and Address of New Registered Agent						
TRIGO, ALICIA C				Name					
1792 71 STREET MIAMI BEACH, FL 33141				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$138,75							check paya		
After May	, 1, 2008 Fee will be \$5	38.75			, , , , , , , , , , , , , , , , , , ,		Department	or State	
9.	MANAGING MEMBERS/MANAGERS				ADDITIONS/CHANGES				
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CITY-ST-ZIP	and the thought the information and and	lind with this filing does not aveiled			tin Chapter 110 1	Florida Statutos 15:	rthar partify the	t the inf-	emation
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 tiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									