

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90117 003 \*\*\*143.75

**DOCUMENT # L07000039715**

1. Entity Name  
**IDEAL MERCHANDISE LLC**



Principal Place of Business  
**2656 DOVER GLEN CIRCLE  
ORLANDO, FL 32828 US**

Mailing Address  
**2656 DOVER GLEN CIRCLE  
ORLANDO, FL 32828 US**

**50003748**



2. Principal Place of Business - No P.O. Box #  
**732 E Jefferson St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**732 E Jefferson St.**  
Suite, Apt. #, etc.

04142008 Chg-LLC CR2E083 (12/06)

City & State  
**Tallahassee FL**  
Zip  
**32301** Country  
**US**

City & State  
**Tallahassee FL**  
Zip  
**32301** Country  
**US**

4. FEI Number  
**743213020**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name  
**Richard Huff Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**732 E Jefferson St.**

City  
**Tallahassee**

**FL**

Zip Code  
**32301**

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]*  
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-14-08**

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
**MGRM** ☐ Delete  
NAME  
**HUFF, RICHARD E**  
STREET ADDRESS  
**2656 DOVER GLEN CIRCLE**  
CITY-ST-ZIP  
**ORLANDO, FL 32828**

TITLE  
**MGRM** ☐ Delete  
NAME  
**MAROONE, MICHAEL M**  
STREET ADDRESS  
**110 SE 6TH STREET**  
CITY-ST-ZIP  
**FT. LAUDERDALE, FL 33301**

TITLE  
 ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE  
**MGRM** ☒ Change ☐ Addition  
NAME  
**Richard E Huff Jr**  
STREET ADDRESS  
**732 E Jefferson St.**  
CITY-ST-ZIP  
**Tallahassee FL 32301**

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
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TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

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.

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Richard Huff Jr.**

**4-14-08**

DATE

**407 342 6088**

DAYTIME PHONE #