## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041654

Entity Name: THE FASHION SAFARI, LLC

FILED Apr 09, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4649 CLYDE MORRIS BLVD. #602 4649 S CLYDE MORRIS BLVD. PORT ORANGE, FL 32129

**UNIT 602** 

PORT ORANGE, FL 32129

**Current Mailing Address: New Mailing Address:** 

4649 CLYDE MORRIS BLVD. #602 4649 S CLYDE MORRIS BLVD. PORT ORANGE, FL 32129

**UNIT 602** 

PORT ORANGE, FL 32129 US

FEI Number: 20-8904551 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SHAPIRO, ROSALIE SHAPIRO, ROSALIE 1720 GOÓSECROSS CT 2425 S ATLANTIC AVENUE

PORT ORANGE, FL 32128 US #704

DAYTONA BEACH SHORES, FL 32118 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: 04/09/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: (X) Change ( ) Addition

SHAPIRO, ROSALIE SHAPIRO, ROSALIE Name: Name: Address: 1720 GOOSECROSS CT Address: 2425 S ATLANTIC AVENUE #704 City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: DAYTONA BEACH SHORES, FL 32118

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: ROSALIE SHAPIRO 04/09/2008