

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000041654

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** THE FASHION SAFARI, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-8904551

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAPIRO, ROSALIE  
480 REED CANAL RD  
UNIT 8  
SOUTH DAYTONA, FL 32119 US

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

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  
Name: SHAPIRO, ROSALIE  
Address: 480 REED CANAL RD UNIT 8  
City-St-Zip: SOUTH DAYTONA, FL 32119

I hereby 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

MGR

03/03/2010

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