


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90036 031 ***143.75

DOCUMENT # L07000044803					
1. Entity Name ALL UNIQUE GIFTS FOR THE MIND BODY AND SOUL LLC					
Principal Place of Business 1507 PLEASANT HARBOUR WAY TAMPA, FL 33602 US			Mailing Address 1507 PLEASANT HARBOUR WAY TAMPA, FL 33602 US		
2. Principal Place of Business - No P.O. Box # 6618 THACKSTON DR		3. Mailing Address 6618 THACKSTON DR			
Suite, Apt. #, etc. A		Suite, Apt. #, etc.			
City & State RIVERVIEW, FL		City & State RIVERVIEW, FL		4. FEI Number 20-8935234	
Zip 33578		Country HILLSBOROUGH		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 33612-3425			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) 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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, CHARISSE L 1507 PLEASANT HARBOUR WAY TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, CHARISSE L 6618 THACKSTON DR RIVERVIEW FL 33578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____			4/20/08 (813) 477-9488		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		