

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048708

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: KRISTINA & LOUISE'S DESIGNS, LLC

**Current Principal Place of Business:**

4647 CATHERINE ST.  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

4647 CATHERINE ST.  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

FEI Number: 56-2669416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WIRICK, KRISTINA  
4647 CATHERINE ST.  
NEW PORT RICHEY, FL 34652 US

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

WIRICK, KRISTINA  
4652 CATHERINE ST.  
NEW PORT RICHEY, FL 34652 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:

04/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WIRCK, KRISTINA  
Address: 4647 CATHERINE ST.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGR ( ) Delete  
Name: WIRCK, LOUISE  
Address: 4647 CATHERINE ST.  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WIRCK, KRISTINA  
Address: 4652 CATHERINE ST.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KRISTINA WIRICK

MGR

04/27/2008

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