

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

02-25-2008 90130 027 ***138.75

DOCUMENT # L07000056716 1. Entity Name DESIGNS OF THE TIMES FLORIST, LLC					
Principal Place of Business 2100 MEADOWLANE AVE WEST MELBOURNE, FL 32904			Mailing Address 2100 MEADOWLANE AVE WEST MELBOURNE, FL 32904		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		30002348 02202008 Chg-LLC CR2E083 (12/06)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number		Applied For ☒ Not Applicable			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent STOECKER, ALEXANDRIA D 2100 MEADOWLANE AVE WEST MELBOURNE, FL 32904					
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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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 President TINA Stoecker 2335 Botanical Melbourne FL 32904 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP Manager Alexandria Stoecker 2640 Fox Run Trail Melbourne, FL 32904 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
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: Alexandria Stoecker 2/20/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					