

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90076 018 \*\*\*138.75

**DOCUMENT # L07000057572**

1. Entity Name  
**JUST FOR YOU FASHION JEWELRY AND ACCESSORIES  
LLC**



Principal Place of Business  
**7491 NORTH FEDERAL HIGHWAY  
UNIT # 12  
BOCA RATON, FL 33487**

Mailing Address  
**2600 FIORE WAY  
#206  
DELRAY BEACH, FL 33445**

**60008858**



2. Principal Place of Business - No P.O. Box #

**7491 N. Federal Hwy**

Suite, Apt. #, etc.

**Unit C-6**

City & State

**Boca Raton FL 33487**

Zip

**33487**

Country

3. Mailing Address

**7491 N. Federal Hwy**

Suite, Apt. #, etc.

**Unit C-6**

City & State

**Boca Raton FL**

Zip

**33487**

Country

02042008 Chg-LLC CR2E083 (12/06)

4. FEI Number

**74-3221666**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WU, ZHI HONG  
2600 FIORE WAY  
# 206  
DELRAY BEACH, FL 33445**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-14-08**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR.  
WU, ZHI HONG  
2600 FIORE WAY #206  
DELRAY BEACH, FL 33445** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LEE, JASON  
2600 FIORE WAY #206  
DELRAY BEACH, FL 33445** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**7491 N. Federal Hwy unit C-6  
Boca Raton FL 33487** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LEE, ERIN  
7491 N. Federal Highway unit C-6  
Boca Raton FL 33487** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2-14-08 561-988-8886**

Date

Daytime Phone #