

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061377

FILED
Apr 07, 2009
Secretary of State

Entity Name: REFLECTIONS LLC

Current Principal Place of Business:

4465 SW MASEFIELD ST.
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

4465 SW MASEFIELD ST.
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 26-0339945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALICEA, YADIRA
4465 SW MASEFIELD ST
PORT ST LUCIE, FL 34953 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 () Delete
Name: ALICEA, YADIRA R
Address: 4465 SW MASEFIELD ST
City-St-Zip: PORT ST LUCIE, FL 34953 US

ADDITIONS/CHANGES:

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: YADIRA ALICEA

MGR

04/07/2009

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