

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1 **FILED**
May 14, 2008 8:00 am
Secretary of State

04-11-2008 90180 046 ***143.75

DOCUMENT # L07000067332

1. Entity Name
THE PURPLE ELEPHANT LLC



Principal Place of Business
**759 BLVD. OF CHAMPIONS
SHALIMAR, FL 32579**

Mailing Address
**759 BLVD. OF CHAMPIONS
SHALIMAR, FL 32579**

30006319



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

26-0440684

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., STE. 101
TALLAHASSEE, FL 32301-2960**

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 *Melanie Williamson*

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

4/7/08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$838.75**

**Makes check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME WILLIAMSON, MELANIE
STREET ADDRESS 759 BLVD. OF CHAMPIONS
CITY-ST-ZIP SHALIMAR, FL 32579

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

TITLE MGRM ☐ Delete
NAME GIVEN, MICHAEL
STREET ADDRESS 759 BLVD. OF CHAMPIONS
CITY-ST-ZIP SHALIMAR, FL 32579

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 *Melanie Williamson*

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

4/7/08

850-621-3109

Date

Daytime Phone #