2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081715

250 ROB ROY DR.

CLEMONT, FL 34711

Address:

City-St-Zip:

Entity Name: GORGEOUS GIFTS AND EXOTIC TRAVEL LLC

FILED Jan 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
250 ROB F CLEMONT	ROY DR. Г, FL 34711			
Current Mailing Address:			New Mailing Address:	
P.O. BOX MINNEOL	2083 A, FL 34755			
FEI Number	: 42-1732458	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	current Registered Agent:	Name and Address	of New Registered Agent:
	ROY DR. Г, FL 34711	US	urnose of changing its register	ed office or registered agent, or both,
	e of Florida.	submits this statement for the p	urpose of changing its registere	ed office of registered agent, or both,
SIGNATU	RE:			
	Electron	ic Signature of Registered Age	nt	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () SAILOR, GARY 250 ROB ROY CLEMONT, FL	DR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () JONES-SAILOF 250 ROB ROY CLEMONT, FL	DR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () ROLLINS, DER P.O. BOX 334 GRETNA, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MGRM (X)) Delete	Title:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: GERALDINE JONES-SAILOR MGR 01/28/2009