

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083850

FILED
Jul 01, 2009
Secretary of State

Entity Name: TEXTURES HANDMADE MARKET LLC

Current Principal Place of Business:

912 PINE STREET
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

1123 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 US

Current Mailing Address:

912 PINE STREET
TALLAHASSEE, FL 32303 US

New Mailing Address:

1123 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 US

FEI Number: 26-0722371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SWINDELL, CLAIRE
912 PINE STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

SWINDELL, CLAIRE
1123 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 US

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: CLAIRE SWINDELL

07/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SWINDELL, CLAIRE E
Address: 912 PINE STREET
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGR () Delete
Name: WILLMAN, MARGARET H
Address: 912 PINE STREET
City-St-Zip: TALLAHASSEE, FL 32303 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLAIRE SWINDELL

MGR

07/01/2009

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