2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# L07000094906

Entity Name: CHIC SPATIQUE LIMITED LIABILITY COMPANY

Current Principal Place of Business:

229 N DEL PRADO BLVD STE 14
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

1407 S.E. 2ND STREET
CAPE CORAL, FL 33990

New Mailing Address:

229 N DEL PRADO BLVD STE 14
CAPE CORAL, FL 33909

FEI Number: 26-1084922 **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:

FESTA, MELISSA L
1407 S.E. 2ND STREET
CAPE CORAL, FL 33990 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: MGRM ( ) Delete
Name: RIVERA, KARIN M
Address: 5227 SUNNYBROOK CT.
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM ( ) Delete
Name: FESTA, MELISSA L
Address: 1407 S.E. 2ND STREET
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RIVERA, KARIN M
Address: 3944 POMODORO CIRCLE, #301
City-St-Zip: CAPE CORAL, FL 33909

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: KARIN M. RIERA OWNE 05/19/2009

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