

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098155

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: NANNIE'S OF DISTINCTION, LLC

## Current Principal Place of Business:

633 N. PARK AVENUE #6A  
WINTER PARK, FL 32789

## New Principal Place of Business:

2610 LITTLE HILL COVE #206  
OVIEDO, FL 32765

## Current Mailing Address:

P.O. BOX 3386  
WINTER PARK, FL 32790

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

SCHULTZ, AMANDA  
633 N. PARK AVENUE #6A  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

SCHULTZ, AMANDA  
2610 LITTLE HILL COVE #206  
OVIEDO, FL 32765 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: AMANDA L. SCHULTZ

01/08/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SCHULTZ, AMANDA  
Address: 633 N. PARK AVENUE #6A  
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM ( ) Delete  
Name: VAN DE KIEFT, MARCIA  
Address: 25133 ADAIR AVENUE  
City-St-Zip: SORRENTO, FL 32776

Title: MGRM ( ) Delete  
Name: GREEN, TYNESHIA  
Address: 2430 BLACK LAKE BLVD.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM ( ) Delete  
Name: IHDE, ABIGAYLE  
Address: 589 LITTLE RIVER LOOP  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SCHULTZ, AMANDA  
Address: PO BOX 3386  
City-St-Zip: WINTER PARK, FL 32790

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

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

Title: MGRM (X) Change ( ) Addition  
Name: IHDE, ABIGAYLE  
Address: 2610 LITTLE HILL COVE #206  
City-St-Zip: OVIEDO, FL 32765

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: AMANDA SCHULTZ

MGRM

01/08/2008

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