

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000098155

FILED
Jul 30, 2008
Secretary of State

Entity Name: NANNIE'S OF DISTINCTION, LLC

Current Principal Place of Business:

2610 LITTLE HILL COVE #206
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3386
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 26-1801228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTZ, AMANDA
2610 LITTLE HILL COVE #206
OVIEDO, FL 32765 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: SCHULTZ, AMANDA
Address: PO BOX 3386
City-St-Zip: WINTER PARK, FL 32790

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

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

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

ADDITIONS/CHANGES:

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

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: AMANDA SCHULTZ

MGRM

07/30/2008

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