

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90309 049 ***138.75

DOCUMENT # L07000100294																																																																																																																																			
1. Entity Name TURCHING LOVE AND LIGHT JEWELRY COLLECTION, LLC																																																																																																																																			
Principal Place of Business 4141 NE 2ND AVE APT 203A MIAMI, FL 33137			Mailing Address 4141 NE 2ND AVE APT 203A MIAMI, FL 33137																																																																																																																																
2. Principal Place of Business - No P.O. Box # 130 NE 40th St. Suite, Apt. #, etc. Ste. 9		3. Mailing Address 130 NE 40th St. Suite, Apt. #, etc. Ste. 9																																																																																																																																	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 02-0814146																																																																																																																															
Zip 33137		Country M. Dade		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent FRANCIS, GREGG S 900 OCEAN DR MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																															
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">130 NE 40th St Ste. 9</td> <td style="width: 30%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>TURCHIN, TOMMY</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4141 NE 2ND AVE APT 203A</td> <td></td> <td>STREET ADDRESS</td> <td>130 NE 40th St Ste. 9</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33137</td> <td></td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33137</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>130 NE 40th St Ste. 9</td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>TURCHIN, TERESA</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4141 NE 2ND AVE APT 203A</td> <td></td> <td>STREET ADDRESS</td> <td>130 NE 40th St Ste. 9</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33137</td> <td></td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33137</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR	☐ Delete	TITLE	130 NE 40th St Ste. 9	☒ Change ☐ Addition	NAME	TURCHIN, TOMMY		NAME			STREET ADDRESS	4141 NE 2ND AVE APT 203A		STREET ADDRESS	130 NE 40th St Ste. 9		CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP	MIAMI, FL 33137		TITLE	MGR	☐ Delete	TITLE	130 NE 40th St Ste. 9	☒ Change ☐ Addition	NAME	TURCHIN, TERESA		NAME			STREET ADDRESS	4141 NE 2ND AVE APT 203A		STREET ADDRESS	130 NE 40th St Ste. 9		CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP	MIAMI, FL 33137		TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>T.S.</u>			4-18-08 305-573-7117																																																																																																																																
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #																																																																																																																																