


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1: **FILED**
May 20, 2008 8:00 am
Secretary of State

04-15-2008 90097 009 ***138.75

DOCUMENT # L07000101069 1. Entity Name SEW MANY STITCHES LLC					
Principal Place of Business 25775 SW 21 PLACE NEWBERRY, FL 32669			Mailing Address P.O. BOX 906 NEWBERRY, FL 32669		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-1208411	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BALDINELLI, MARILYN 25775 SW.21 PLACE NEWBERRY, FL 32669					
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 renouncing) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALDINELLI, MARILYN P.O. BOX 906 NEWBERRY, FL 32669	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANDT, BARBARA P.O. BOX 906 NEWBERRY, FL 32669	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANDT, BARBARA P.O. BOX 906 NEWBERRY, FL 32669	<input type="checkbox"/> Delete			
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>Marilyn Baldinelli</u>				4-12-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
352-472-4521				Daytime Phone #	

30006775



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