


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2008 8:00 am
Secretary of State

07-17-2008 90017 009 ***138.75

DOCUMENT # L07000101628

1. Entity Name
FLEUR DE LIS AND ALL, LLC



Principal Place of Business
**401 SUNSET ROAD
 PLANT CITY, FL 33563**

Mailing Address
**401 SUNSET ROAD
 PLANT CITY, FL 33563**

00010000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

08112008 Chg-LLC CR2E083 (12/06)

City & State
 Zip Country

4. FEI Number
26-3113016

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, DONNA E
 401 SUNSET ROAD
 PLANT CITY, FL 33563**

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 \$538.75
 Due by September 12, 2008**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Jones, Donna E. 401 Sunset Road Plant City, Florida 33563	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES


TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Donna E. Jones 08/11/08 813.752.5630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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DOCUMENT # L07000101628					
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08112008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 26-3113016	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
JONES, DONNA E 401 SUNSET ROAD PLANT CITY, FL 33563				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.					
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FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008			Make check payable to Florida Department of State		
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SIGNATURE: <i>Donna E. Jones</i>				Date: <i>08/11/08</i> Daytime Phone #: <i>813.752.5630</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

ATTACHMENT
30010899