


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90035 012 ***138.75

DOCUMENT # L07000102890 1. Entity Name LAPIDARY LUXURIES, LLC					
Principal Place of Business 220 DYER ROAD WEST PALM BEACH, FL 33405 US			Mailing Address 220 DYER ROAD WEST PALM BEACH, FL 33405 US		
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		Country		4. FEI Number	
6. Name and Address of Current Registered Agent DUNKEL, GARY M 777 SO FLAGLER DRIVE 300E WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
SIGNATURE <u><i>MA</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOODY, PAMELA S 220 DYER ROAD WEST PALM BEACH, FL 33405			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>7-20-08</u> Daytime Phone # <u>5614522978</u>	

50008835



07132008 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For
☒ Not Applicable

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 7-20-08 Daytime Phone # 5614522978