

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104301

Entity Name: BARONNACCENTS LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

2681 SW FAIR ISLE RD  
PORT ST LUCIE, FL 34987

**New Principal Place of Business:**

2061 SW GAILWOOD ST.  
PORT ST LUCIE, FL 34987

**Current Mailing Address:**

2681 SW FAIR ISLE RD  
PORT ST LUCIE, FL 34987

**New Mailing Address:**

2061 SW GAILWOOD ST.  
PORT ST LUCIE, FL 34987

FEI Number: 26-1251747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARONN, AUDRA  
2681 SW FAIR ISLE RD  
PORT ST LUCIE, FL 34987 US

**Name and Address of New Registered Agent:**

BARONN, AUDRA  
2061 SW GAILWOOD ST.  
PORT ST LUCIE, FL 34987 US

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: \_\_\_\_\_

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BARONN, AUDRA  
Address: 2681 SW FAIR ISLE RD  
City-St-Zip: PORT ST LUCIE, FL 34987

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BARONN, AUDRA  
Address: 2061 SW GAILWOOD ST.  
City-St-Zip: PORT ST LUCIE, FL 34987

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: AUDRA BARONN

MGR

04/30/2008

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