

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104341

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** ALL ABOUT YOU WOMEN'S BOUTIQUE, LLC

**Current Principal Place of Business:**

4901 E SILVER SPRINGS BLVD  
#505  
OCALA, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

4901 E SILVER SPRINGS BLVD  
#505  
OCALA, FL 33470 US

**New Mailing Address:**

**FEI Number:** 26-1246630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GRIFFITH, CHARLA F MGRM  
9045 SE 35TH COURT  
OCALA, FL 34480 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TIMMRECK, LORI L MGRM  
Address: 4225 SE 65TH PLACE  
City-St-Zip: OCALA, FL 34480 US

Title: MGRM  
Name: GRIFFITH, CHARLA F MGRM  
Address: 9045 SE 35TH COURT  
City-St-Zip: OCALA, FL 34480 US

I hereby 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: CHARLA F GRIFFITH

MGRM

01/15/2010

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