

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104341

**FILED**  
**Feb 17, 2011**  
**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:**

TIMMRECK, LORI L  
4225 SE 65TH PLACE  
OCALA, FL 34480 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:** LORI L. TIMMRECK

02/17/2011

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:** LORI L. TIMMRECK

MGRM

02/17/2011

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