

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105673

FILED
Apr 21, 2009
Secretary of State

Entity Name: FABULOUS FLOWERS OF GULF COAST LLC

Current Principal Place of Business:

1951 S MCCALL ROAD STE:650
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

1951 S MCCALL ROAD STE:650
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 26-1241544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEVERN, ERIC
45 PAR VIEW PLACE
ROTONDA WEST, FL 33947 US

Name and Address of New Registered Agent:

SEVERN, ERIC
1951 S MCCALL RD STE:650
ENGLEWOOD, FL 34223 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: ERIC SEVERN

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SEVERN, ERIC
Address: 45 PAR VIEW PLACE
City-St-Zip: ROTONDA WEST, FL 33947 US

Title: MGRM () Delete
Name: SEVERN, AMY E
Address: 45 PAR VIEW PLACE
City-St-Zip: ROTONDA WEST, FL 33947 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SEVERN, ERIC
Address: 1951 S MCCALL RD STE:650
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGRM (X) Change () Addition
Name: SEVERN, AMY E
Address: 1951 S MCCALL RD STE:650
City-St-Zip: ENGLEWOOD, FL 34223 US

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: ERIC SEVERN

MGR

04/21/2009

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