## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106615

Entity Name: HOME FASHIONS BY LIZ, LLC

FILED May 20, 2009 Secretary of State

Certificate of Status Desired ( )

**Current Principal Place of Business: New Principal Place of Business:** 

2294 PEACH DRIVE 1763 GERALDINE DRIVE JACKSONVILLE, FL 32246 US

SUITE B

JACKSONVILLE, FL 32205 US

**Current Mailing Address: New Mailing Address:** 

PO BOX 16151 1763 GERALDINE DRIVE

JACKSONVILLE, FL 32245 US SUITE B JACKSONVILLE, FL 32205 US

FEI Number: 26-1183641 FEI Number Applied For ( ) FEI Number Not Applicable ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

UBILLA, ELIZABETH RINE, ELIZABETH U 2294 PÉACH DRIVE 2294 PEACH DRIVE

JACKSONVILLE, FL 32246 US JACKSONVILLE, FL 32246 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: ELIZABETH U RINE 05/20/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change ( ) Addition () Delete

UBILLA, ELIZABETH RINE, ELIZABETH U Name: Name: Address: 2294 PEACH DRIVE Address: 2294 PEACH DRIVE City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32246

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: ELIZABETH U RINE **MGRM** 05/20/2009