

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116282

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** GIFT OF LOVE LLC

**Current Principal Place of Business:**

315 CHRISTY ROAD  
MASCOTTE, FL 34753

**New Principal Place of Business:**

**Current Mailing Address:**

315 CHRISTY ROAD  
MASCOTTE, FL 34753

**New Mailing Address:**

**FEI Number:** 71-1005621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, LATORIA S OWNER  
315 CHRISTY ROAD  
MASCOTTE, FL 34753 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: MGR  
Name: WILSON, LATORIA  
Address: 315 CHRISTY ROAD  
City-St-Zip: MASCOTTE, FL 34753

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: LATORIA WILSON

MGR

03/01/2010

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