

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000397

FILED
Apr 23, 2009
Secretary of State

Entity Name: CRYSTAL COUTURE, LLC

Current Principal Place of Business:

10010 TREE TOPS LAKE ROAD
TAMPA, FL 33626 US

New Principal Place of Business:

10006 TREE TOPS LAKE ROAD
TAMPA, FL 33626 US

Current Mailing Address:

10010 TREE TOPS LAKE ROAD
TAMPA, FL 33626 US

New Mailing Address:

10006 TREE TOPS LAKE ROAD
TAMPA, FL 33626 US

FEI Number: 26-1665658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHALEN, DANETTE
10010 TREE TOPS LAKE ROAD
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

KUDLA, TRACIE
10006 TREE TOPS LAKE ROAD
TAMPA, FL 33626 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: TRACIE KUDLA

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHALEN, DANETTE
Address: 10010 TREE TOPS LAKE ROAD
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM (X) Delete
Name: KUDLA, TRACIE
Address: 10010 TREE TOPS LAKE ROAD
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KUDLA, TRACIE
Address: 10006 TREE TOPS LAKE RD.
City-St-Zip: TAMPA, FL 33626 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TRACIE KUDLA

MGRM

04/23/2009

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