2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L08000014101

Entity Name: AMALIA'S FLORIST, LLC

Current Principal Place of Business:

4103 CYPRESS POINT PLACE
VALRICO, FL 33596

New Principal Place of Business:

1607 SUN CITY CENTER PLAZA
SUN CITY CENTER, FL 33573

Current Mailing Address:

4103 CYPRESS POINT PLACE
VALRICO, FL 33596

New Mailing Address:

1607 SUN CITY CENTER PLAZA
SUN CITY CENTER, FL 33573

FEI Number: 38-3777521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ LAW OFFICES, P.A.
114 S. FREMONT AVE.
TAMPA, FL 33606 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: MGRM ( ) Delete
Name: REYES, AMALIA
Address: 4103 CYPRESS POINT
City-St-Zip: VALRICO, FL 33596

Title: MGR ( ) Delete
Name: REYES, LUIS
Address: 4103 CYPRESS POINT
City-St-Zip: VALRICO, FL 33596

ADDITIONS/CHANGES:

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

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: LUIS REYES MGR 04/16/2009

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