

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000014101

Entity Name: AMALIA'S FLORIST, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1607 SUN CITY CENTER PLAZA  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

1607 SUN CITY CENTER PLAZA  
SUN CITY CENTER, FL 33573

**New Mailing Address:**

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  
Name: REYES, AMALIA  
Address: 4103 CYPRESS POINT  
City-St-Zip: VALRICO, FL 33596

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

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: LUIS REYES

MGR

01/05/2010

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