

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027459

FILED
May 01, 2009
Secretary of State

Entity Name: EVELYN'S GIFT SHOP LLC

Current Principal Place of Business:

969 LAKE AIRE DR
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

969 LAKE AIRE DR
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 26-2185833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

ROCKWELL ACCOUNTING LLC
912 W MICHIGAN AVE
PENSACOLA, FL 32505 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: CARAMBAS, EVELYN
Address: 969 LAKE AIRE DR
City-St-Zip: PENSACOLA, FL 32506

Title: MGRM () Delete
Name: CARAMBAS, ALEX
Address: 969 LAKE AIRE DR
City-St-Zip: PENSACOLA, FL 32506

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: EVELYN CARAMBAS

MGRM

05/01/2009

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