

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031210

FILED
Apr 29, 2009
Secretary of State

Entity Name: SAY IT WITH FLOWERS OF CAPE CORAL LLC

Current Principal Place of Business:

324 NICHOLAS PKEY W. UNIT C
CAPE CORAL, FL 33991

New Principal Place of Business:

324 NICHOLAS PARKWAY W. UNIT C
CAPE CORAL, FL 33991

Current Mailing Address:

324 NICHOLAS PKEY W. UNIT C
CAPE CORAL, FL 33991

New Mailing Address:

324 NICHOLAS PARKWAY W. UNIT C
CAPE CORAL, FL 33991

FEI Number: 26-1085729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, BENNIE
729 SW 5TH TERRACE . UNIT C
CAPE CORAL, FL 33991 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 () Delete
Name: BARNES, MITZIE
Address: 324 NICHOLAS PKEY W. UNIT C
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARNES, MITZIE
Address: 324 NICHOLAS PARKWAY W. UNIT C
City-St-Zip: CAPE CORAL, FL 33991

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: MITZIE BARNES

MGR

04/29/2009

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