

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041516

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: CT'S GORGEOUS FLOWERS LLC

**Current Principal Place of Business:**

6431 STIRLING ROAD  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

9480 TANGERINE PLACE  
DAVIE, FL 33324

**New Mailing Address:**

FEI Number: 74-3258206      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:**

**Name and Address of New Registered Agent:**

GOSLEY, ICILMA H  
16173 SW 3RD STREET  
PEMBROKE PINES, FL 33027      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: THOMPSON, CYNTHIA  
Address: 9480 TANGERINE PLACE UNIT 201  
City-St-Zip: DAVIE, FL 33324

Title: MGR      ( ) Delete  
Name: THOMPSON, ERROL  
Address: 9480 TANGERINE PLACE UNIT 201  
City-St-Zip: DAVIE, FL 33324

**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: CYNTHIA THOMPSON

MGR

06/25/2009

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