

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# L08000060430

Entity Name: PEARLS 4 WOMEN, LLC

Current Principal Place of Business:

132 MAITLAND AVENUE
ALTAMONTE SRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 915534
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 26-2806470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KZREWINSKI, EVA
132 MAITLAND AVENUE
ALTAMONTE SRINGS, FL 32701 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: KRZEWINSKI, EVA
Address: 132 MAITLAND AVENUE
City-St-Zip: ALTAMONTE SRINGS, F 32701

Title: MGRM () Delete
Name: BROWN, LAURA D
Address: 807 RIVERBEND BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: JARVIS, MARIANNE L
Address: 807 RIVERBEND BLVD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

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

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: LAURA D. BROWN

MGRM

01/16/2009

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