

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061841

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** ELITE COSTUME JEWELRY AND MORE, LLC

**Current Principal Place of Business:**

525 SCARLET MAPLE CT  
PLANT CITY, FL 33563 US

**New Principal Place of Business:**

**Current Mailing Address:**

525 SCARLET MAPLE CT  
PLANT CITY, FL 33563 US

**New Mailing Address:**

**FEI Number:** 26-2870540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PRINCE, DAVID E  
4519 ASHMORE DR  
TAMPA, FL 33610 US

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

NEWTON, LANELL C  
525 SCARLET MAPLE CT  
PLANT CITY, FL 33563 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:** LANELL C. NEWTON

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** NEWTON, LANELL C  
**Address:** 525 SCARLET MAPLE CT  
**City-St-Zip:** PLANT CITY, FL 33563 US

**Title:** MGRM ( ) Delete  
**Name:** WHITEHEAD, LATISHA  
**Address:** 8621 N MULBERRY ST  
**City-St-Zip:** TAMPA, FL 33604 US

**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:** LANELL C NEWTON

MGRM

04/28/2009

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