

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064894

FILED
Apr 18, 2009
Secretary of State

Entity Name: PINK CHIX COUTURE, LLC

Current Principal Place of Business:

6314 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

6314 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 26-2915665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAQUEZ, KRISTIN M
2307 LILY PAD LANE
KISSIMMEE, FL 34743 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: JAQUEZ, RENE'
Address: 2307 LILY PAD LANE
City-St-Zip: KISSIMMEE, FL 34743

Title: MGR () Delete
Name: JONES, KELLY A
Address: 729 TERRANOVA AVENUE
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGR () Delete
Name: JAQUEZ, KRISTIN
Address: 6314 CYPRESS GARDENS BLVD.
City-St-Zip: WINTER HAVEN, FL 33884

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: KRISTIN JAQUEZ

OWNE

04/18/2009

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