

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066783

FILED
May 06, 2009
Secretary of State

Entity Name: ANTIQUE & COLLECTORS EMPORIUM, LLC

Current Principal Place of Business:

17831 SOUTH DIXIE HIGHWAY
PALMETTO BAY, FL 33157 US

New Principal Place of Business:

17831-17833 SOUTH DIXIE HIGHWAY
UNINCORPORATED DADE COUNTY MIAMI, FL
PALMETTO BAY, FL 33157 US

Current Mailing Address:

8101 SW 184 LANE
CUTLER BAY, FL 33157 US

New Mailing Address:

FEI Number: 26-2959722 **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:

NANGLE, JACQUELINE
8101 SW 184 LANE
CUTLER BAY, FL 33157 US

Name and Address of New Registered Agent:

NANGLE, JACQUELINE R
8101 SW 184 LANE
CUTLER BAY, FL 33157 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: JACQUELINE R NANGLE

05/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NANGLE, JACQUELINE
Address: 8101 SW 184 LANE
City-St-Zip: CUTLER BAY, FL 33157 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NANGLE, JACQUELINE R
Address: 8101 SW 184 LANE
City-St-Zip: CUTLER BAY, FL 33157 US

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: JACQUELINE R NANGLE

PRES

05/06/2009

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