

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070389

**FILED**  
**Feb 17, 2009**  
**Secretary of State**

**Entity Name:** SECOND IMPRESSIONS CONSIGNMENT SHOP, LLC

**Current Principal Place of Business:**

8190 LITTLETON RD  
105  
N.FT. MYERS, FL 33903 US

**New Principal Place of Business:**

**Current Mailing Address:**

478 NE 2 ND PL  
CAPE CORAL, FL 33909 US

**New Mailing Address:**

2340 PALO DURO BLVD.  
NORTH FORT MYERS, FL 33917 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

UHDE, EMILY N  
478 NE 2 ND PL  
CAPE CORAL, FL 33909 US

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

JENNINGS, MALANIE L  
2340 PALO DURO BLVD.  
NORTH FORT MYERS, FL 33917 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: MALANIE L. JENNINGS

02/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: JENNINGS, MALANIE L MGR  
Address: 2340 PAO DURO BLVD.  
City-St-Zip: NORTH FORT MYERS, FL 33917 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: MALANIE L. JENNINGS

MGR

02/17/2009

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