

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000082224

Entity Name: CALLA FLOWERS, LLC

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

P/A BOSWEG 46 B  
'T ZAND, NL 1756 CJ NL

**New Principal Place of Business:**

**Current Mailing Address:**

P/A BOSWEG 46 B  
'T ZAND, NL 1756 CJ NL

**New Mailing Address:**

FEI Number: 46-0522765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DETMERS, M.L.A.W. MGR  
P/A BOSWEG 46 B  
'T ZAND, FL NL 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: MGR  
Name: DE VRIES, F  
Address: P/A BOSWEG 46 B, 1756 CJ'T ZAND  
City-St-Zip: THE NETHERLANDS, XX

Title: MGR  
Name: DETTMERS, M.L.A.W.  
Address: P/A BOSWEG 46 B, 1756 CJ'T ZAND  
City-St-Zip: THE NETHERLANDS, XX

I hereby 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: M DETTMERS

CFO

02/07/2012

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