

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082621

Entity Name: HANDMADE BY ROSES, LLC

FILED
Apr 12, 2009
Secretary of State

Current Principal Place of Business:

9810 NW 26 STREET
DORAL, FL 33172

New Principal Place of Business:

11533 NW 80 STREET
DORAL, FL 33178

Current Mailing Address:

9810 NW 26 STREET
DORAL, FL 33172

New Mailing Address:

11533 NW 80 STREET
DORAL, FL 33178

FEI Number: 26-3239867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLANUEVA, RAQUEL
9810 NW 26 STREET
DORAL, FL 33172 US

Name and Address of New Registered Agent:

VILLANUEVA, RAQUEL
11533 NW 80 STREET
DORAL, FL 33178 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:

04/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VILLANUEVA, RAQUEL
Address: 9810 NW 26 STREET
City-St-Zip: DORAL, FL 33172

Title: MGRM () Delete
Name: VILLANUEVA, CARLOS
Address: 9810 NW 26 STREET
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VILLANUEVA, RAQUEL
Address: 11533 NW 80 STREET
City-St-Zip: DORAL, FL 33178

Title: MGRM (X) Change () Addition
Name: VILLANUEVA, CARLOS
Address: 11533 NW 80 STREET
City-St-Zip: DORAL, FL 33178

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: RAQUEL VILLANUEVA

MGRM

04/12/2009

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