

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097036

FILED
May 05, 2009
Secretary of State

Entity Name: WOMEN IN LLC

Current Principal Place of Business:

913 GULF BREEZE PKWY
SUITE 12A
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

362 GULF BREEZE PARKWAY
NUM 111
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 30-0553950 **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:

Name and Address of New Registered Agent:

IMPERIAL DEVELOPMENT PROPERTIES L
362 GULF BREEZE PARKWAY
NUM 111
GULF BREEZE, FL 32561 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PABIAN, KRISTINE
Address: 121 SHORELINE DRIVE
City-St-Zip: GULF BREEZE, FL 32561 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PABIAN, KRISTINE
Address: 121 SHORELINE DRIVE
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGR () Change (X) Addition
Name: KUNZ, JENNIFER R
Address: 4300 WEST FRANCISCO #17
City-St-Zip: PENSACOLA, FL 32504

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: KRISTINE PABIAN

MGRM

05/05/2009

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