

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100017

FILED
Mar 31, 2009
Secretary of State

Entity Name: REFLECTIONS IN GOLD II, L.L.C.

Current Principal Place of Business:

4958 NORTH UNIVERSITY DRIVE
LAUDERHILL, FL 33351

New Principal Place of Business:

Current Mailing Address:

4958 NORTH UNIVERSITY DRIVE
LAUDERHILL, FL 33351

New Mailing Address:

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

Name and Address of Current Registered Agent:

UTTARIELLO, CRAIG
7660 WESTWOOD DRIVE
APT. 620
TAMARAC, FL 33321 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: MGRM () Delete
Name: UTTARIELLO, JAMIE
Address: 2027 GREENWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: FROST, JERRY
Address: 4958 N. UNIVERSITY DRIVE
City-St-Zip: LAUDERHILL, FL 33351

Title: MGR () Delete
Name: UTTARIELLO, CRAIG
Address: 7660 WESTWOOD DRIVE APT. 620
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: UTTARIELLO, CRAIG
Address: 7660 WESTWOOD DRIVE APT. 620
City-St-Zip: TAMARAC, FL 33321

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: CRAIG UTTARIELLO

MGRM

03/31/2009

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