

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000026998

Entity Name: THE DECORGANIZER, LLC

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5723 HIGH FLYER RD S  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

4440 PGA BLVD  
SUITE 600  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

POST OFFICE BOX 33507  
WEST PALM BEACH, FL 33420

**New Mailing Address:**

4440 PGA BLVD  
SUITE 600  
PALM BEACH GARDENS, FL 33410

FEI Number: 26-4509343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAYFIELD, SIFIKA T OWNER  
5723 HIGH FLYER RD S  
PALM BEACH GARDENS, FL 33418 US

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

MAYFIELD, SIFIKA T OWNER  
4440 PGA BLVD  
SUITE 600  
PALM BEACH GARDENS, FL 33410 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: SIFIKA MAYFIELD

01/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: OWNE  
Name: MAYFIELD, SIFIKA T OWNER  
Address: 4440 PGA BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: SIFIKA MAYFIELD

OWNE

01/25/2010

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