

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000085331

**FILED**  
**Feb 12, 2012**  
**Secretary of State**

**Entity Name:** PAT'S BEAD SHOPPE "LLC"

**Current Principal Place of Business:**

1374 W. NORTH BLVD.  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

1374 W. NORTH BLVD.  
LEESBURG, FL 34748 US

**New Mailing Address:**

**FEI Number:** 32-0289676      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KOMAR, RILLA P MGR  
1374 W. NORTH BLVD.  
LEESBURG, FL 34748 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:** KOMAR, RILLA P  
**Address:** 1374 W. NORTH BLVD.  
**City-St-Zip:** LEESBURG, FL 34748 US

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: RILLA P KOMAR

MGR

02/12/2012

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