

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000010486

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** CHAMPS ELYSEES GIFTS AND FLOWERS LLC

**Current Principal Place of Business:**

6900 SILVER STAR RD  
108  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

6900 SILVER STAR RD  
108  
ORLANDO, FL 32818

**New Mailing Address:**

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

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

DORELY, MATHIEU  
839 WESTCLIFFE DR  
WINTER GARDEN, FL 3787      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:** DORELY, MATHIEU  
**Address:** 839 WESTCLIFFE DR  
**City-St-Zip:** WINTER GARDEN, FL 34787

**Title:** MGRM  
**Name:** DORELY, ROSE MARIE  
**Address:** 839 WESTCLIFFE DR  
**City-St-Zip:** WINTER GARDEN, FL 34787

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: ROSE MARIE DORELY                      MGR                      04/27/2012

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