

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000027580

**FILED**  
**Jan 29, 2012**  
**Secretary of State**

**Entity Name:** FOUNTAIN OF YOUTH GIFT SHOP, LLC

**Current Principal Place of Business:**

11 MAGNOLIA LANE  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

11 MAGNOLIA LANE  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

11 MAGNOLIA LANE  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 59-2649165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRASER, JOHN  
11 MAGNOLIA LANE  
ST AUGUSTINE, FL 32086 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  
Name: FRASER, JOHN  
Address: 11 MAGNOLIA LANE  
City-St-Zip: ST AUGUSTINE, FL 32086

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: JOHN FRASER

P

01/29/2012

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