

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000047944

Entity Name: MOM'S ATTIC, LLC

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

**Current Principal Place of Business:**

1603 DOREEN AVENUE  
OCOE, FL 34761

**New Principal Place of Business:**

11177 W COLONIAL DR  
OCOE, FL 34761 US

**Current Mailing Address:**

1603 DOREEN AVENUE  
OCOE, FL 34761

**New Mailing Address:**

11177 W COLONIAL DR  
OCOE, FL 34761 US

FEI Number: 45-2011342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAGARDE, PAUL  
1603 DOREEN AVENUE  
OCOE, FL 34761 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: LAGARDE, PAUL  
Address: 1603 DOREEN AVENUE  
City-St-Zip: OCOE, FL 34761

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: PAUL LAGARDE

MGR

04/27/2012

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