

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009995

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** FAMILY BANK DESIGN CENTER, LLC

**Current Principal Place of Business:**

110 CROWN OAK CENTRE DRIVE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

110 CROWN OAK CENTRE DRIVE  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 03-0434441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BILELLO, JOSEPH J  
110 CROWN OAK CENTRE DRIVE  
LONGWOOD, FL 32750 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: BILELLO, JOSEPH J  
Address: 110 CROWN OAK CENTRE DRIVE  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM  
Name: BILELLO, LEISA  
Address: 110 CROWN OAK CENTRE DR  
City-St-Zip: LONGWOOD, FL 32750

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: JOSEPH BILELLO

MGRM

04/29/2010

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