

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018796

Entity Name: RETAIL DESIGNS, L.L.C.

FILED  
Jan 19, 2009  
Secretary of State

**Current Principal Place of Business:**

2905 PIEDMONT RD NE  
STE A  
ATLANTA, GA 30305

**New Principal Place of Business:**

36468 EMERALD COAST PARKWAY  
SUITE 11102  
DESTIN, FL 32541

**Current Mailing Address:**

POST OFFICE BOX 12407  
ATLANTA, GA 30335

**New Mailing Address:**

POST OFFICE BOX 6726  
MIRAMAR BEACH, FL 32550

FEI Number: 16-1619900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MORRISON, WILLIAM H ESQ  
7100 SOUTH US HIGHWAY 17-92  
FERN PARK, FL 32730 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 ( ) Delete  
Name: ABRUZZINO, WILLIAM A  
Address: PO BOX 12407  
City-St-Zip: ATLANTA, GA 30355

Title: MGR ( ) Delete  
Name: NUNNALLY, JUDY  
Address: PO BOX 6726  
City-St-Zip: MIRAMAR BEACH, FL 32550

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ABRUZZINO, WILLIAM A  
Address: PO BOX 6726  
City-St-Zip: MIRAMAR BEACH, GA 32550

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JUDY NUNNALLY

MGR

01/19/2009

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