

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90423 047 ****50.00

DOCUMENT # L03000021601

1. Entity Name

EUROPEAN DESIGNS, L.L.C.



Principal Place of Business

120-D PALM POINT CIRCLE
PALM BEACH GARDENS FL 33418

Mailing Address

120-D PALM POINT CIRCLE
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

423 Fourth Street

Suite, Apt. #, etc.

3. Mailing Address

120 D Palm Point Circle

Suite, Apt. #, etc.

Palm Beach Gardens



MOORE

CR2E083 (11/03)

City & State

WEST PALM BEACH FL

City & State

FLORIDA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHEN S. MATHISON, P.A.
5606 PGA BLVD., SUITE 211
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
MANAGER
LECLER Marie - Daphne
STREET ADDRESS
120 D Palm Point Circle
CITY - ST - ZIP
Palm Beach Gardens FL 33418

☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-5-2004 561 630 5223