


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90125 017 ***138.75

DOCUMENT # L07000055554

1. Entity Name
CHRISGDESIGN, LLC



60021134



Principal Place of Business
**5570 NW 61 ST
 UNIT 925
 COCONUT CREEK, FL 33073**

Mailing Address
**5570 NW 61 ST
 UNIT 925
 COCONUT CREEK, FL 33073**

2. Principal Place of Business - No P.O. Box #
Home Office

3. Mailing Address
5570 NW 61st St.

Suite, Apt. #, etc.
(Same)

Suite, Apt. #, etc.
Unit 925

City & State
Coconut Creek, FL

4. FEI Number **26-0235112** Applied For
 Not Applicable

Zip **33073** Country **USA**

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**GILBO, CHRISTOPHER P
 5570 NW 61ST ST
 UNIT 925
 COCONUT CREEK, FL 33073**

7. Name and Address of New Registered Agent
 Name **(Same) - no changes**
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILBO, CHRISTOPHER P 5570 NW 61 ST, UNIT 925 COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4-5-08** **954-552-3006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #