

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000052969

**Entity Name:** ALLABASTRO DESIGNS, LLC

**Current Principal Place of Business:**

205 SE OSCEOLA STREET  
STUART, FL 34994

**Current Mailing Address:**

205 SE OSCEOLA STREET  
STUART, FL 34994

**FEI Number: 56-2471630**

**Certificate of Status Desired: Yes**

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

ALLABASTRO, NANCY  
4214 NW OAKBROOK CIRCLE  
JENSEN BEACH, FL 34954 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name ALLABASTRO, NANCY  
Address 2408 SW OAK RIDGE RD.  
City-State-Zip: PALM CITY FL 34990-2034

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: NANCY K ALLABASTRO**

**OWNER**

**02/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date