

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000045601

**Entity Name:** F.W. DESIGN LLC

**Current Principal Place of Business:**

4327 SOUTH HWY 27  
SUITE 306  
CLERMONT, FL 34711

**Current Mailing Address:**

4327 SOUTH HWY 27  
SUITE 306  
CLERMONT, FL 34711

**FEI Number:** 46-2393705

**Certificate of Status Desired:** No

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

LACOSTTE, LUIS  
4327 SOUTH HWY 27  
SUITE 306  
CLERMONT, FL 34711 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            LACOSTTE, ROSA  
Address        4327 SOUTH HWY 27 SUITE 306  
City-State-Zip: CLERMONT FL 34711

Title            MGR  
Name            LACOSTTE, LUIS  
Address        4327 SOUTH HWY 27 SUITE 306  
City-State-Zip: CLERMONT FL 34711

*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:** LUIS LACOSTTE

**MGRM**

**04/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date