

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

6/1

**Jul 07, 2008 8:00 am
Secretary of State**

06-06-2008 90104 001 ***538.75

DOCUMENT # L00000005534

1. Entity Name

TEWES DESIGN GROUP LLC



Principal Place of Business

**2 S. BISCAYNE BLVD.
STE 3180
MIAMI, FL 33131**

Mailing Address

**2 S. BISCAYNE BLVD.
STE 3180
MIAMI, FL 33131**

30010188



05132008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1006905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TEWES, STEPHEN H
2 SOUTH BISCAYNE BLVD.
STE. 3180
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TEWES, STEPHEN H
STREET ADDRESS	2 S. BISCAYNE BLVD. STE. 3180
CITY - ST - ZIP	MIAMI, FL 33131

TITLE	
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CITY - ST - ZIP	

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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

6-30-08 954-401-8961