

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90372 040 \*\*\*\*50.00

**DOCUMENT # L00000009512**

1. Entity Name  
**FINE DESIGNS, LLC**



Principal Place of Business  
**3437 LITHIA PINECREST RD  
VALRICO, FL 33594**

Mailing Address  
**3437 LITHIA PINECREST RD  
VALRICO, FL 33594**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**59-3667115**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WENSLOFF, FRANCES K  
5203 MERION RD  
VALRICO, FL 33594**

7. Name and Address of New Registered Agent

Name **Wensloff, Frances K**

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

**6350 Bridgecrest Dr**

City

**Lithia**

**FL**

Zip Code **33547**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **WENSLOFF, FRANCES K**  
STREET ADDRESS **3203 MERION RD.**  
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **MGR** ☐ Delete  
NAME **Wensloff, Brant E**  
STREET ADDRESS **6350 Bridgecrest Dr**  
CITY-ST-ZIP **Lithia, FL 33547**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6350 Bridgecrest Dr**  
CITY-ST-ZIP **Lithia, FL 33547**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

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

**5/1/07**

Date

**813-657-9822**

Daytime Phone #