

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000012066

1. Entity Name  
FIRST IMPRESSION DESIGN, LLC



Principal Place of Business  
1048 STRIMENOS LANE  
LEESBURG, FL 34748

Mailing Address  
1048 STRIMENOS LANE  
LEESBURG, FL 34748



01172006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1044371

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GREGG-STRIMENOS, GAIL  
1048 STRIMENOS LN.  
LEESBURG, FL 34748

**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

Filing Fee is \$50.00  
Due by May 1, 2006

000000436090  
02/27/06-80024-002 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MEM
NAME	STRIMENOS, GAIL G
STREET ADDRESS	1048 STRIMENOS LANE
CITY-ST-ZIP	LEESBURG, FL 34748

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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 if

Gail-Gregg  
Strimenos 2-2-06