

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # L01000013737

1. Entity Name
DESIGN STUDIO BOCA, LLC



Principal Place of Business
**2300 CORPORATE BLVD. NW SUITE 214
BOCA RATON, FL 33431**

Mailing Address
**2300 CORPORATE BLVD. NW SUITE 214
BOCA RATON, FL 33431**



04042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1137202

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOYLE, CONRAD J ESQ.
MOMBACH, BOYLE & HARDIN, P.A.
500 EAST BROWARD BOULEVARD, SUITE 1950
FORT LAUDERDALE, FL 33394**

**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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GORDON, JOSEPH
2300 CORPORATE BLVD. NW, SUITE 214
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JACOBSEN, MARK
2300 CORPORATE BLVD. NW SUITE 214
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HOM, ELAINE
2300 CORPORATE BLVD. NW SUITE 214
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000892578
04/23/08-80068-016 138.75

**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:

JOE GORDON

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

4/17/08 861-955-8623

Date

Daytime Phone #