

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90026 021 ****50.00

DOCUMENT # L02000000501

1. Entity Name
DESIGN SUPPORT, LLC



Principal Place of Business

1735 BRANTLEY RD. #1117
FORT MYERS, FL 33907-3917
9123 ALBERT AVE
LEHIGH ACRES FL 33971

Mailing Address

1735 BRANTLEY RD. #1117
FORT MYERS, FL 33907-3917
9123 ALBERT AVE
LEHIGH ACRES FL 33971

24065130



DO NOT WRITE IN THIS SPACE

04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0499804

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROLDAN, ADALBERTO E
1735 BRANTLEY RD. #1117
FORT MYERS, FL 33907-3917

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROLDAN, ADALBERTO E
STREET ADDRESS	1735 BRANTLEY RD. #1117
CITY-ST-ZIP	FORT MYERS, FL 339073917 / 9123 ALBERT AVE / Lehigh Acres FL 33971
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 exemption stated in Section 119.07(3)(i), 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:

Adalberto E Roldan

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

Date

Daytime Phone #

4-29-04 239-770-4611