

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90035 042 ****50.00

DOCUMENT # L02000001861

1. Entity Name
IBF DESIGN, LLC



Principal Place of Business
11780 U.S. HIGHWAY #1
SUITE 400
NORTH PALM BEACH, FL 33408

Mailing Address
11780 U.S. HIGHWAY #1
SUITE 400
NORTH PALM BEACH, FL 33408

20019659



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022005

Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY #1
SUITE 400
NORTH PALM BEACH, FL 33408

Name
Michael Ian Baker-Finch

Street Address (P.O. Box Number is Not Acceptable)
800 Village Square Crossing, Ste. 213

City
Palm Beach Gardens

FL

Zip Code
33410

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BAKER-FINCH, MICHAEL IAN
STREET ADDRESS 11780 U.S. HIGHWAY #1
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE MGRM ☒ Change ☐ Addition
NAME Baker-Finch, Michael Ian
STREET ADDRESS 800 Village Square Crossing
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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:

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

3/4/05

Date

561-6562008

Daytime Phone #