

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L02000008185

1. Entity Name
DESIGN ARTS OF PALM BEACH, LLC



Principal Place of Business
2005 VISTA PKWY 100
WEST PALM BEACH, FL 33411

Mailing Address
2005 VISTA PKWY 100
WEST PALM BEACH, FL 33411



02202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0667688

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DENNIS J
2005 VISTA PKWY 100
WEST PALM BEACH, FL 33411

**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

000000845742
03/18/08-80040-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THOMAS, DENNIS J
STREET ADDRESS	2005 VISTA PKWY 100
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	MGRM
NAME	JOHN, DAVID L
STREET ADDRESS	2005 VISTA PKWY 100
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
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: DENNIS J. THOMAS

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

2/20/08 561-689-1138

Date

Daytime Phone #