

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90218 016 ****50.00

DOCUMENT # L02000015499

1. Entity Name

DECORATING DEN INTERIORS, LLC



Principal Place of Business

7650 S. TAMiami TRAIL, SUITE 2
SARASOTA FL 34231
US

Mailing Address

7650 S. TAMiami TRAIL, SUITE 2
SARASOTA FL 34231
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3688379

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

DITOMASO, PAM
4174 CENTRAL SARASOTA PARKWAY
SARASOTA FL 34238

Name

DITOMASO, Pam

Street Address (P.O. Box Number is Not Acceptable)

7650 S. TAMiami TRAIL SUITE 2

City

SARASOTA

FL

Zip Code

34231

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

Pam Di Tomaso

2/6/04

Signature, typed or printed name of registered agent and time if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME DITOMASO, PAM
STREET ADDRESS 4174 CENTRAL SARASOTA PARKWAY
CITY - ST - ZIP SARASOTA FL 34238

TITLE MGRM ☒ Change ☐ Addition
NAME DITOMASO, PAM
STREET ADDRESS 7650 S. TAMiami TRAIL SUITE 2
CITY - ST - ZIP SARASOTA, FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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:

P. Di Tomaso

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

2/6/04 921-3410 (94)

Date

Daytime Phone #