

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000018796

1. Entity Name  
RETAIL DESIGNS, L.L.C.



**FILED**  
**Sep 19, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
2905 PIEDMONT RD NE  
STE A  
ATLANTA, GA 30305

Mailing Address  
POST OFFICE BOX 12407  
ATLANTA, GA 30335



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
16-1619900

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

MORRISON, WILLIAM H ESQ  
7100 SOUTH US HIGHWAY 17-92  
FERN PARK, FL 32730

Name

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

City

FL

Zip Code

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**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ABRUZZINO, WILLIAM A  
PO BOX 12407  
ATLANTA, GA 30355 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
U000000959916  
09/19/08-80001-006 138.75

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
NUNNALLY, JUDY  
PO BOX 12407  
ATLANTA, GA 30355 ☐ Delete

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

TITLE  
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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:

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

DATE

Daytime Phone #

*Judy Nunnally*

8/29/08