

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000018796

1. Entity Name

RETAIL DESIGNS, L.L.C.



FILED

03 APR 25 PM 4:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business

2101 WEST SR 434, SUITE 105
LONGWOOD FL 32779

Mailing Address

2101 WEST SR 434, SUITE 105
LONGWOOD FL 32779

2. Principal Place of Business

725 PRIMERA BOULEVARD

3. Mailing Address

POST OFFICE BOX 952798

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

City & State

LAKE MARY, FLORIDA

City & State

LAKE MARY, FLORIDA

Zip

32746

Country

USA

Zip

32795-2798

Country

USA

4. FEL Number

16-1619900

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

600017103156
04/25/03--01079--002 \$50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRUZZINO, WILLIAM A 1050 EDMISTON PLACE LONGWOOD FL 32779	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER WILLIAM ABRUZZINO POST OFFICE BOX 952798 LAKE MARY, FLORIDA 32795-2798	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER REBECCA ABRUZZINO POST OFFICE BOX 952798 LAKE MARY, FLORIDA 32795-2798	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Rebecca Abruzzino* REQUIRED

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

Date

Daytime Phone #

4/24/03 407-333-0122

CR2E083 (10/02)