

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000021418

1. Entity Name
ANDINO DESIGNS, LLC



Principal Place of Business

**230 ROYAL PALM WAY, SUITE 400
PALM BEACH, FL 33480**

Mailing Address

**230 ROYAL PALM WAY, SUITE 400
PALM BEACH, FL 33480**



04262004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2297264

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HANLON, M. TIMOTHY
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480**

**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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MAHANEY, PATRICIA
STREET ADDRESS	230 ROYAL PALM WAY, SUITE 400
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	MGRM
NAME	HARRIET, MICHELA
STREET ADDRESS	230 ROYAL PALM WAY, SUITE 400
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	MGRM
NAME	GRACIELA, VIERA B
STREET ADDRESS	230 ROYAL PALM WAY, SUITE 400
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UNRECORDED
04/30/04 04:00:13-0000 00.00

**DO NOT WRITE
IN THIS SPACE**

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:

Patricia H. Mahaney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/04 *561-352-1066*