

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 01, 2005 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**



03292005 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, 2005**

**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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/01/05-80036-022 50.00

**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 19.07(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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/29/05 561-352-1064