

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90178 034 ****50.00

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1. Entity Name
DESIGN CUSTOM-MADE GROUP, LLC

Principal Place of Business
**13069 SW 122 AVENUE
MIAMI, FL 33186**

Mailing Address
**10700 NW 66 ST
313
MIAMI, FL 33178**

20010489



2. Principal Place of Business

2898 NW 64 ST

3. Mailing Address

Suite, Apt. #, etc.

01112005 Chg-LLC CR2E083 (10/03)

City & State

Miami - FL

City & State

4. FEI Number
56-2300742

Applied For

Not Applicable

Zip

33178

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARRARA, DOMINGO
10700 NW 66 STREET
APT. # 313
MIAMI, FL 33178**

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

**- Filing Fee is \$50.00
Due by May 1, 2005**

**- Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME CARRARA, DOMINGO
STREET ADDRESS 10700 NW 66 STREET, APT. # 313
CITY-ST-ZIP MIAMI, FL 33178

TITLE MGR ☐ Delete
NAME LO MONACO, GIUSEPPINA C
STREET ADDRESS 10700 NW 66 STREET
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

Giuseppina C. Lo Monaco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/14/05 786 286 0434