

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90056 019 \*\*\*\*50.00

|   |  |   |
|---|--|---|
| DOCUMENT # L02000031765                                 |  |  |
| 1. Entity Name<br>ADELE HUNGERFORD INTERIOR DESIGN, LLC |  |   |

|   |  |
|---|--|
| Principal Place of Business<br>110 17TH STREET<br>APALACHICOLA, FL 32320 US | Mailing Address<br>PO 816<br>APALACHICOLA, FL 32329 US |
|---|--|

20065068



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|---|--|---|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>345 E Bay Dr.<br>City & State<br>East Point FL<br>Zip<br>32328<br>Country<br>USA |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>345 E Bay Dr.<br>City & State<br>East Point FL<br>Zip<br>32328<br>Country<br>USA |  |
|---|--|---|--|

07072005 Chg-LLC CR2E083 (10/03)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>13-4226797 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

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

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>LEGALZOOM NEVADA INC<br>44 W. FLAGLER ST.<br>SUITE 675<br>MIAMI, FL 33130 |  |
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|--|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

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

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HUNGERFORD, ADELE MEMBER <input type="checkbox"/> Delete<br>110 17TH ST<br>APALACHICOLA, FL 32320  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 345 E Bay Dr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>East Point FL 32328 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HUNGERFORD, DONALD MEMBER <input type="checkbox"/> Delete<br>110 17TH ST<br>APALACHICOLA, FL 32320 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 345 E Bay Dr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>East Point FL 32328 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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

7-14-05 850-653-2864  
Date Daytime Phone #