

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002244

Entity Name: HEIDI HESS DESIGNS LLC

FILED  
Sep 19, 2008  
Secretary of State

## Current Principal Place of Business:

845 W. FULTON MARKET #316  
CHICAGO, IL 60607

## New Principal Place of Business:

845 W. FULTON MARKET  
316  
CHICAGO, IL 60607

## Current Mailing Address:

757 SE 17TH STREET  
#951  
FT. LAUDERDALE, FL 33316

## New Mailing Address:

FEI Number: 11-3673979      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HESS, HEIDI  
757 SE 17TH STREET  
# 951  
FORT LAUDERDALE, FL 33316 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HESS, HEIDI A  
Address: 3656 N. LINCOLN AVE, LOFT A  
City-St-Zip: CHICAGO, IL 60613

Title: MGR (X) Delete  
Name: HESSLIN, DOLORES  
Address: 3656 N. LINCOLN AVE  
City-St-Zip: CHICAGO, IL 60613

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HEIDI HESS

MGR

09/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date