

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90038 049 \*\*\*\*55.00

**DOCUMENT # L03000003334**

1. Entity Name

**MENIN DESIGN GROUP, LLC**



Principal Place of Business

**C/O DEAN VEGOSEN, ESQ  
515 N FLAGLER DR., NORTHBRIDGE TWR I,  
WEST PALM BEACH FL 33401**

Mailing Address

**C/O DEAN VEGOSEN, ESQ  
515 N FLAGLER DR., NORTHBRIDGE TWR I,  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

**3501 PGA Blvd.**

3. Mailing Address

**3501 PGA Blvd.**

Suite, Apt. #, etc.

**Suite 201**

Suite, Apt. #, etc.

**Suite 201**

City & State

**Palm Beach Gardens, FL**

City & State

**Palm Beach Gardens, FL**

Zip  
**33410**

Country

**Palm Beach**

Zip  
**33410**

Country

**Palm Beach**



MOORE

CR2E083 (11/03)

4. FEI Number

**16-1651515**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VEGOSEN, DEAN ESQ  
NORTHBRIDGE TOWER I, 18TH FLOOR  
515 NORTH FLAGLER DRIVE  
WEST PALM BEACH FL 33401**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:**

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

Date

Daytime Phone #

**2-5-04 561-282-5000**