

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90073 031 ****50.00

DOCUMENT # L03000004558

1. Entity Name
DESIGNS OF AMERICA, L.L.C.



Principal Place of Business
**3800 SW 61 AVE
DAVIE, FL 33314**

Mailing Address
**3800 SW 61 AVE
DAVIE, FL 33314**



2. Principal Place of Business
700 SE 9TH STREET

3. Mailing Address
700 SE 9TH ST

Suite, Apt. #, etc.
305

Suite, Apt. #, etc.
305

04132005 Chg-LLC CR2E083 (10/03)

City & State
DANIA BEACH FL

City & State
DANIA BEACH FL

4. FEI Number
65-1172374

Applied For
Not Applicable

Zip
33004

Country
USA

Zip
33004

Country
USA

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

6. Name and Address of Current Registered Agent

**LARRY J. BEHAR, P.A.
888 SOUTHEAST THIRD AVE.
SUITE #400
FT. LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent

Name **ANNA MARIA CAPIZZI**
Street Address (P.O. Box Number is Not Acceptable)
700 S.E. 9TH ST # 305
City **DANIA BEACH** FL Zip Code **33004**

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 **ANNA MARIA CAPIZZI, MGR** 4/14/2005
(NOTE: Registered Agent signature required when reinstating)

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPIZZI, ANNA MARIA 3800 SW 61 AVE DAVIE, FL 33314	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RONCA, ALFREDO 5041 WILES RD. COCONUT CREEK, FL 33073	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPIZZI, ANNA MARIA 700 S.E. 9TH ST # 305 DANIA BEACH FL 33004	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: **ANNA MARIA CAPIZZI** 4/14/05 954-554-1989 ✓
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #