

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010874

**FILED**  
**Mar 21, 2005**  
**Secretary of State**

**Entity Name:** JENNIFER L HOSKINS INTERIOR DESIGNS, LLC

**Current Principal Place of Business:**

699 ARMADILLO DR  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

699 ARMADILLO DR  
DELTONA, FL 32725

**New Mailing Address:**

**FEI Number:** 16-1659632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOSKINS, JENNIFER L  
699 ARMADILLO DR  
DELTONA, FL 32725 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HOSKINS, VINCENT S  
Address: 699 ARMADILLO DR  
City-St-Zip: DELTONA, FL 32725

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: HOSKINS, JENNIFER L  
Address: 699 ARMADILLO DR  
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JENNIFER HOSKINS

MGA

03/21/2005

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