

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013552

FILED  
Feb 01, 2008  
Secretary of State

**Entity Name:** FINANCIAL DESIGN SPECIALISTS, LLC

**Current Principal Place of Business:**

13400 SUTTON PARK DRIVE S  
SUITE 1104  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

13400 SUTTON PARK DRIVE S  
SUITE 1104  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 54-2106883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLAYTON, CHARLENE DAWN  
13400 SUTTON PARK DRIVE S  
SUITE 1104  
JACKSONVILLE, FL 32224 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:** CLAYTON, CHARLENE DAWN  
**Address:** 4731 MARSH HAMMOCK DR. EAST  
**City-St-Zip:** JACKSONVILLE, FL 32224

**Title:** MGR ( ) Delete  
**Name:** PUTTICK, LISA ANNE  
**Address:** 11431 BEACON DR. NORTH  
**City-St-Zip:** JACKSONVILLE, FL 32225

**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:** LISA A PUTTICK

MGR

02/01/2008

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