

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

03-12-2004 90227 040 ****50.00

DOCUMENT # L03000023258 1. Entity Name TIME TO DESIGN, LLC																															
Principal Place of Business 915 OLD DIXIE HIGHWAY S.W. - SUITE B VERO BEACH FL 32962		Mailing Address 915 OLD DIXIE HIGHWAY S.W. - SUITE B VERO BEACH FL 32962																													
2. Principal Place of Business 343 13th ST SW		3. Mailing Address 343 13th St SW																													
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																													
City & State VERO BEACH, FL		City & State VERO BEACH, FL																													
Zip 32962		Zip 32962																													
Country Indian River		Country Indian River																													
4. FEI Number 54-211298		Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent JONES, MELANIE K 915 OLD DIXIE HIGHWAY S.W. - SUITE B VERO BEACH FL 32962		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 <u>Melanie K Jones, President</u> DATE <u>3/8/04</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																															
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																															
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP President Melanie K Jones 343 13th St SW VERO BEACH, FL 32962 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP President Melanie K Jones 343 13th St SW VERO BEACH, FL 32962	☐ Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition												
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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: <u>Melanie K Jones</u> MELANIE K JONES <u>3/8/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																															