JUL-06-2005(WED) 13:24 C R COOPER CPA PA (F

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Jul 11, 2005 8:00 am
Secretary of State
07-11-2005 90041 009 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000026475

1. Entity Name
HOLIDAY LIGHTING DESIGNS, LLC

20062042

Principal Place of Business	Mailing Address
1599 SW 30TH AVENUE SUITE 14 BOYNTON BEACH, FL 33425 US	1599 SW 30TH AVENUE SUITE 14 BOYNTON BEACH, FL 33425 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07062005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 02-0699210 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DELAAR, MICHAEL
5604 PRISCILLA LANE
LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent

Name: MICHAEL DELAAR
Street Address (P.O. Box Number is Not Acceptable): 6340 STONEHURST CIRCLE
City: LAKE WORTH Zip Code: 33467

Sign Here

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] DATE: 7/8/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: HOEKZEMA, DOUGLAS STREET ADDRESS: 6010 PETALUNA DRIVE CITY-ST-ZIP: BOCA RATON, FL 33433	☒ Delete	TITLE: MGRM NAME: HOEKZEMA, DOUGLAS STREET ADDRESS: 3225 NE 184th ST. STE 10301 CITY-ST-ZIP: AVENTURA, FL 33160	☐ Change ☒ Addition
TITLE: MGRM NAME: DELAAR, MICHAEL STREET ADDRESS: 6340 STONEHURST CIRCLE CITY-ST-ZIP: LAKE WORTH, FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

Sign Here

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] 7/8/05 561-734-7277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #

ATTACHMENT 20062042

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of Certified Public Accountants (561) 964-6927 (561) 432-0008

Florida Institute of Certified Public Accountants FAX (561) 433-3596

June 6, 2005

Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314

Taxpayer: HOLIDAY LIGHTING DESIGNS, LLC
Document #: L03000026475
FEIN: 02-0699210
Tax Form: UBR
Tax Period: 2005

To Whom It May Concern:

We have enclosed check # 1421 in the amount of $50.00 for the 2005 Annual Renewal of: HOLIDAY LIGHTING DESIGNS, LLC, Document # L03000026475.

Please abate any penalty incurred as Mr. Delaar did not receive the original UBR and did not intentionally avoid the filing.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,

C R Cooper CPA

C. R. Cooper, CPA

Encl.

cc