

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028130

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** EXPRESSION BY DESIGN, LLC

**Current Principal Place of Business:**

610 EAST JOHNS AVENUE  
MOUNT DORA, FL 32757 US

**New Principal Place of Business:**

516 EAST 3RD AVENUE  
MOUNT DORA, FL 32757 US

**Current Mailing Address:**

PO BOX 1018  
MOUNT DORA, FL 32756 US

**New Mailing Address:**

**FEI Number:** 54-2121628      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KLINGBEIL, ROBERT T JR.  
341 VENICE AVE. WEST  
VENICE, FL 34285 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:** MGRM ( ) Delete  
**Name:** OSBORNE, ANN K  
**Address:** PO BOX 1018  
**City-St-Zip:** MT. DORA, FL 32756 US

**Title:** MGRM ( ) Delete  
**Name:** OSBORNE, ELIZABETH A  
**Address:** PO BOX 1018  
**City-St-Zip:** MOUNT DORA, FL 32756 US

**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:** ANN K OSBORNE

MGRM

03/23/2009

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