

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90499 001 ****50.00

DOCUMENT # L03000031072

1. Entity Name

ARRINGTON & BENSON INTERIOR DESIGN, LLC



Principal Place of Business

2121 MCGREGOR BLVD, STE 1
FORT MYERS FL 33901

Mailing Address

2121 MCGREGOR BLVD, STE 1
FORT MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

37-1473273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

MOORE

CR2E083 (11/03)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARRINGTON, DARCY W
2121 MCGREGOR BLVD, STE 1
FORT MYERS FL 33901

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

Signature, typed or printed name of registered agent and title if applicable.

DARCY W. ARRINGTON

(NOTE: Registered Agent signature required when reinstating)

4/2/04

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
DARCY W. ARRINGTON
1376 Shadow Lane
Ft Myers, FL 33901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
KAREN L. BENSON
1246 HANTON AVE
Ft Myers, FL 33901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DARCY W. ARRINGTON 4/2/04 239-334-4111

Date

Daytime Phone #