2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 21, 2005 08:00 AM Secretary of State DOCUMENT # L03000035545 1. Entity Name ILLOBRE DESIGN GROUP, LLC Principal Place of Business Mailing Address 2601 SW 31ST STREET UNIT 301 2601 SW 31ST STREET UNIT 301 **DANIA FL 33312 DANIA FL 33312** 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc 1st MOORE CR2E083 (10/04) City & State City & State Applied For 4. FEI Number 72-1573479 Not Applicable Ζip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ILLOBRE, JOHN RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 2601 SW 31ST STREET UNIT 301 **DANIA FL 33312** City 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, typed or printed name of registered agent and title 4 applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS / MANAGERS 9. 10. ADDITIONS/CHANGES TiTL F PS Delete TITLE Change ☐ Addition ILLOBRE, JOHN RODRIGUEZ NAME NAME STREET ADDRESS STREET ADDRESS 2601 SW 31ST STREET UNIT 301 CITY - ST - ZIP CITY-ST-ZIP **DANIA FL 33312** Change TITLE TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP Change TITLE Deiele nné Addition U00000238176 02/21/05-80088-005 55.00 NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP HILE ☐7 Oelete TITLE ☐ Change ☐ Addition NAME STREET AODRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP title☐ Change ☐ Addition TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f). 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

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