

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000037921

1. Entity Name
C DESIGNS LLC



**FILED
Jan 18, 2007 08:00 AM
Secretary of State**

Principal Place of Business
12012 DUNMORE CT.
ORLANDO, FL 32821

Mailing Address
12012 DUNMORE CT.
ORLANDO, FL 32821

DO NOT WRITE IN THIS SPACE



01142007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 86-1086589	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, CATHY
12012 DUNMORE CT.
ORLANDO, FL 32821

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when renaturing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME COOPER, CATHY
STREET ADDRESS 12012 DUNMORE CT.
CITY-ST-ZIP ORLANDO, FL 32821

U000000591936
01/19/07-80039-017 50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Cathy Cooper* CATHY COOPER 1/14/07 4072394640

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

Date

Daytime Phone #