

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90023 014 ****50.00

DOCUMENT # L03000054995

1. Entity Name
RED DOOR DESIGNS, LLC



Principal Place of Business
**6332 RALEIGH STREET, UNIT 902
ORLANDO, FL 32833**

Mailing Address
**6332 RALEIGH STREET, UNIT 902
ORLANDO, FL 32833**

24039637



2. Principal Place of Business

14131 BLUEBIRD PARK RD

Suite, Apt. #, etc.

WINDERMERE, FL

City & State

34786 USA

Zip

Country

3. Mailing Address

14131 BLUEBIRD PARK RD

Suite, Apt. #, etc.

WINDERMERE, FL

City & State

34786 USA

Zip

Country

02042004 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-0513757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **JOTWANI, KATHRYN**
STREET ADDRESS **6332 RALEIGH STREET, UNIT 902**
CITY-ST-ZIP **ORLANDO, FL 32833**

TITLE **ST** ☐ Delete
NAME **JOTWANI, KATHRYN**
STREET ADDRESS **6332 RALEIGH STREET, UNIT 902**
CITY-ST-ZIP **ORLANDO, FL 32833**

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **JOTWANI, KATHRYN**
STREET ADDRESS **14131 BLUEBIRD PARK ROAD**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **ST** ☒ Change ☐ Addition
NAME **JOTWANI, KATHRYN**
STREET ADDRESS **14131 BLUEBIRD PARK ROAD**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Kathryn Jotwani* **KATHRYN JOTWANI** **4/7/04** **407-654-8882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #