

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90131 036 ***143.75

DOCUMENT # L03000056086

1. Entity Name
WHOISCARRUS DESIGN LLC



Principal Place of Business
424 E CENTRAL BLVD
196
ORLANDO, FL 32801 US

Mailing Address
424 E CENTRAL BLVD
196
ORLANDO, FL 32801 US

2. Principal Place of Business - No P.O. Box #
649 N. Mills Ave
Suite, Apt. #, etc.

3. Mailing Address
649 N. Mills Ave
Suite, Apt. #, etc.

City & State
Orlando, FL
Zip
32803
Country
USA

City & State
Orlando, FL
Zip
32803
Country
USA

02082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3775995
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRUS, JEREMY A
531 S. MILLS AVENUE
ORLANDO, FL 32801

Jeremy A. Carrus
649 N. Mills Ave
Orlando, FL 32803

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME CARRUS, JEREMY A
STREET ADDRESS 1424 E CENTRAL BLVD #196
CITY-ST-ZIP ORLANDO, FL 32801 ☐ Delete

TITLE P
NAME TERRY, KEVIN
STREET ADDRESS 424 E CENTRAL BLVD #196
CITY-ST-ZIP ORLANDO, FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE Partner
NAME Jeremy A. Carrus
STREET ADDRESS 649 N. Mills Ave
CITY-ST-ZIP Orlando, FL 32803 ☒ Change ☐ Addition

TITLE Partner
NAME Kevin Terry
STREET ADDRESS 649 N. Mills Ave
CITY-ST-ZIP Orlando, FL 32803 ☒ Change ☐ Addition

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

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

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

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

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

2-19-08 407-895-7007

Date Daytime Phone #