

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000000227**

1. Entity Name

**ERNIE WHITE RESIDENTIAL DESIGN, LLC**



Principal Place of Business

**2613 CENTERVILLE ROAD  
TALLAHASSEE, FL 32308**

Mailing Address

**2613 CENTERVILLE ROAD  
TALLAHASSEE, FL 32308**

**DO NOT WRITE IN THIS SPACE**



01082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

**92-0182535**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WHITE, ERNEST P III  
2613 CENTERVILLE ROAD  
TALLAHASSEE, FL 32308**

**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 restate.)

DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WHITE, ERNEST P III
STREET ADDRESS	2613 CENTERVILLE ROAD
CITY- ST- ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000780681  
01/15/08-80004-014 138.75

**DO NOT WRITE  
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: \_\_\_\_\_

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

Date

Daytime Phone #