2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State
04-20-2005 90039 030 ****50.00

DOCUMENT # L04000007239

1. Entity Name
DESIGNS JUST BEYOND LLC

30006487

Principal Place of Business	Mailing Address
6706 NW 1ST BOULEVARD GAINESVILLE, FL 32653	6706 NW 1ST BOULEVARD GAINESVILLE, FL 32653

2. Principal Place of Business		3. Mailing Address	
2114 NW 40 TERRACE		2114 NW 40 TERRACE	
Suite, Apt. #, etc.: B3		Suite, Apt. #, etc.: B3	
City & State: GAINESVILLE FL		City & State: GAINESVILLE FL	
Zip: 32605	Country: USA	Zip: 32605	Country: USA

03102005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-1261032 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUGOS, DENNIS J 6706 NW 1ST BOULEVARD GAINESVILLE, FL 32653	Name: Street Address (P.O. Box Number Is Not Acceptable): 6706 NW 81 BOULEVARD 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] DENNIS J BUGOS 4/14/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME ← ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M M DENNIS J BUGOS 6706 NW 81 BOULEVARD ~~GAINESVILLE FL 32653~~ ☐ Change ☒ Addition [initials] 5/10/05
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] DENNIS J BUGOS 4/14/05 352-372-6538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #