

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90007 048 ****50.00

DOCUMENT # L04000009804

1. Entity Name

AMERICAN DESIGNER HOMES, LLC



Principal Place of Business

6854 NW BROOKHAVEN AVE.
PORT ST. LUCIE FL 34983

Mailing Address

6854 NW BROOKHAVEN AVE.
PORT ST. LUCIE FL 34983



2. Principal Place of Business

6854 NW Brookhaven Ave

3. Mailing Address

6854 NW Brookhaven Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

P.S.L. FL.

City & State

P.S.L. FL.

4. FEI Number

20-0707036

Applied For

Not Applicable

Zip

34983

Country

ST. LUCIE

Zip

34983

Country

ST. LUCIE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MEYER, TETIANA~~
~~6854 NW BROOKHAVEN AVE.~~
~~PORT ST. LUCIE FL 34983~~

7. Name and Address of New Registered Agent

Name

George A. Meyer

Street Address (P.O. Box Number is Not Acceptable)

6854 NW Brookhaven Ave

City

Port St. Lucie

FL

Zip Code

34983

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

8-29-2006

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GEORGE MEYER
6854 BROOKHAVEN AVE
PORT SAINT LUCIE FL 34983 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C.E.O. & PRESIDENT
George A. Meyer
6854 NW Brookhaven Ave
Port St. Lucie FL 34983 ☒ Change ☐ Addition

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

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

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☐ 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 60B, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

8-29-2006 908-783-5905