

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90102 018 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L04000010164**

1. Entity Name  
**DESIGN PLUS ENTERPRISES, LLC**



Principal Place of Business  
**5655 NORTHBORO DRIVE #202  
NAPLES, FL 34110**

Mailing Address  
**5655 NORTHBORO DRIVE #202  
NAPLES, FL 34110**

**20003433**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

**20-0597308**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WOOD, DOUGLAS A  
1000 NORTH TAMiami TRAIL, SUITE 201  
NAPLES, FL 34102**

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 Agents 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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MG-RM  
Diane Chiarulli  
5655 Northboro Drive, #202  
NAPLES, FL 34110**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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.

**Diane Chiarulli**

**SIGNATURE:** *Diane Chiarulli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

**1/20/05**

Daytime Phone #

**239-513-1077**