

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

**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



01032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4312603

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CHIARULLI, DIANE
STREET ADDRESS	5655 NORTHBORO DRIVE #202
CITY-ST-ZIP	NAPLES, FL 34110

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U00000579304  
01/10/07-80001-024 50.00

**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.

*Diane Chiarulli*  
Diane Chiarulli

1/4/07

239-513-1077