2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2008 08:00 A
Secretary of State

ANNUAL REPORT				Secretary of S		
DOCU	MENT # L04000	010164			coloury of	
Entity Name DESIGN PLUS ENTERPRISES, LLC						
DESIGN I	plus en i ekprises,	LLC		y		
Principal Plac	e of Business	Mailing Address				
5655 NORTHBORO DRIVE #202 5655 NORTHBORO DRIVE #20 NAPLES, FL 34110 NAPLES, FL 34110			VE #202			
			·			
D	O NOT WO	TE IN TUIC C	DACE	01042008No Chg-LLC	CR2E083 (12/07)	
DO NOT WRITE IN THIS SPA			PACE	4. FEI Number 13-4312603	Applied For Not Applicable	
				5. Certificate of Status Desired	\$5.00 Additional	
	8 Name and Address -4 C	The Paris of Asset		. Certificate of Status Desired	Fee Required	
	6. Name and Address of C	unent Kegistored Agent				
WOOD, DOUGLAS A 1000 NORTH TAMIAMI TRAIL, SUITE 201 NAPLES, FL 34102				DO NOT WE	RITE	
				1		
				IN THIS SPA	ACE	
	named entity submits this stater ions of registered agent.	ment for the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florid	da. I am familiar with, and accept	
ine opligati	iona or registered agent.	•				
SIGNATURE.	Signature, typad or printed name of register	ed egent and title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating)	DATE	
						
FILE After May	NOW!!! FEE IS \$138.7! 1, 2008 Fee will be \$5	5 38.75				
9.	MANAGING I	MEMBERS/MANAGERS				
TITLE	MGRM					
NAME STREET ADORESS	CHIARULLI, DIANE 5655 NORTHBORO DRIVE	: 4/20/2				
CITY-ST-ZIP	NAPLES, FL 34110	1 #202			0775876 -80001-011 138.75	
TITLE				01/09/08	-80001-011 138.75	
NAME						
STREET ADDRESS						
CITY-ST-ZIP	<u></u>					
title Name			1			
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CITY-ST-ZIP				DO NOT WE	411E	
TITLE				IN THIS SPACE		
NAME STREET ADDRESS				317		
STREET ADDRESS CITY-ST-ZIP				•		
ITILE						
NAME	,					
STREET ADDRESS			ſ			
ITY-ST-ZIP						
TITLE						
NAME STREET ADDRESS	[4			

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: LIAN CLARY CHARLES OF AUTHORIZED REPRESENTATIVE

1/5/08 239-513-1079
Daytone Phone #

CITY-ST-ZIP