2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000017494 1. Entity Name LAWSON INTERIORS, LLC



FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

6009 SE WALKERS CAY COURT STUART, FL 34997

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DO NOT WRITE IN THIS SPACE

04172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 77-0625606

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

LAWSON, LAUREN 6009 SE WALKERS CAY CT. STUART, FL 34997

SIGNATURE:

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.					· i
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE			
Fi	ling Fee is \$50.00 ue by May 1, 2006		. e .c		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWSON, LAUREN 6009 SE WALKERS CAY COURT STUART, FL 34997	^, 4 · 3/ ·		02\06\0ē-8003ē-014 20`i 000000531336	11.5
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11. I hereby certify that the information supplied with this filling 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 outh; that I am a managing member or manager of the limited lightling company or this required for the required by Chapter 608, Florida Statutes.					

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Lauren lawson