

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034034

FILED
Apr 30, 2007
Secretary of State

Entity Name: BODZIAK DESIGN GROUP, LLC

Current Principal Place of Business:

3637 FOURTH STREET NORTH
SUITE 230
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

3637 FOURTH STREET NORTH
SUITE 230
ST. PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 20-2281128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WALTER E
757 ARLINGTON AVENUE NORTH
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BODZIAK, JOHN A
Address: 3637 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGRM () Delete
Name: BODZIAK, CYNTHIA D
Address: 150 - 27TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGRM () Delete
Name: GALLOWAY, MELINDA D
Address: 6565 - 26TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN BODZIAK

MGR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date