

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000035955

1. Entity Name
DESIGNS & PERMIT DRAWING LTD. CO.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 15 AM 11:58

Principal Place of Business
1255 CLEVELAND ST
STE 102
CLEARWATER, FL 33755

Mailing Address
1255 CLEVELAND ST
STE 102
CLEARWATER, FL 33755



2. Principal Place of Business - No P.O. Box #
904 Richards Ave
Suite, Apt. #, etc.

3. Mailing Address
904 Richards Ave
Suite, Apt. #, etc.

04252008 Chg-LLC CR2E083 (12/06)

City & State
CLEARWATER FL

City & State
CLEARWATER, FL

Zip
33755

Country
USA

Zip
33755

Country
USA

4. FEI Number
04-3792900

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
YOUNG, DAVID RANDELL
904 RICHARDS AVE.
CLEARWATER, FL 33755

7. Name and Address of New Registered Agent
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 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		
TITLE	MGR	<input type="checkbox"/> Delete
NAME	YOUNG, DAVID RANDELL	
STREET ADDRESS	904 RICHARDS AVE.	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/09--01006--016 **138.75

5/29/09

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