

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000038296

1. Entity Name
BARBARA PALACIOS DESIGN COMPANY, L.L.C.



Principal Place of Business
7300 CORPORATE CENTER DR
STE. 300
MIAMI, FL 33126

Mailing Address
7300 CORPORATE CENTER DR
STE. 300
MIAMI, FL 33126



04262007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1648121

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, GUS ESQ.
4000 PONCE DE LEON BLVD., SUITE 470
CORAL GABLES, FL 33146-1432

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WALLIS ENTERPRISES, CORP.
1883 HARBOR POINTE CIRCLE
WESTON, FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WELL STYLE, L.L.C.
10620 NW 27TH STREET
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/17/07-80074-001 55.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/07 315-594-0049