05/21/2008 12:13 FAX 904 269 0385 KSB Accounting Inc

FILED
May 22, 2008 8:00 am
Secretary of State
05-22-2008 90511 009 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000053322

1. Entity Name
R+G DESIGN GROUP, LLC

600043609

05212008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
140 NORTH ONE DRIVE SUITE B ST. AUGUSTINE, FL 32095	140 NORTH ONE DRIVE SUITE B ST. AUGUSTINE, FL 32095

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2704 Seagate Lane N	2704 Seagate Lane N
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: St Augustine, FL	City & State: St Augustine, FL
Zip: 32084 Country: USA	Zip: 32084 Country: USA

4. FEI Number 20-1391229 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEAL, BLAKE F III,ESQ
C/O BARTLETT & DEAL, P.A.
135 PROFESSIONAL DRIVE, SUITE 101
PONTE VEDRA BEACH, FL 32082

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

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOTHAM, RANDY D 140 NORTH ONE DRIVE, SUITE B ST AUGUSTINE, FL 32095	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2704 Seagate Lane, N St. Augustine, FL 32084	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOTHAM, ANTHONY D 140 NORTH ONE DRIVE, SUITE B ST. AUGUSTINE, FL 32095	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X [signature] Randy D. Gotham, MGRM 5/21/08 904-417-2123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #