

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90050 047 \*\*\*\*\*55.00

**DOCUMENT # L04000053397**

1. Entity Name

**INDESIGN LLC**



Principal Place of Business

**555 OX BOTTOM ROAD  
TALLAHASSEE FL 32308  
US**

Mailing Address

**555 OX BOTTOM ROAD  
TALLAHASSEE FL 32308  
US**

2. Principal Place of Business

**120 Summa Street**

3. Mailing Address

**120 Summa Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**West Palm Beach, FL.**

City & State

**West Palm Beach, FL**

Zip

**33405**

Country

**West Palm**

Zip

**33405**

Country

**West Palm**

11-3725578

CR2E083 (10/04)

4. FEI Number

**77-801318649P8**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COLON, ROSANA  
555 OX BOTTOM ROAD  
TALLAHASSEE FL 32308**

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

**2/22/05**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **COLON, ROSANA**  
STREET ADDRESS **555 OX BOTTOM ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2/22/05**