

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 A
Secretary of State**

DOCUMENT # L04000062315

1. Entity Name
J&A DESIGN, LLC



Principal Place of Business
**750 EAST PROSPECT ROAD
FT. LAUDERDALE, FL 33334 US**

Mailing Address
**750 EAST PROSPECT ROAD
FT. LAUDERDALE, FL 33334 US**



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1685939

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TILLEY, MICHAEL R
2000 GLADES ROAD
SUITE 306
BOCA RATON, FL 33431**

**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
000000379614

**Filing Fee is \$50.00
Due by May 1, 2006**

01/10/06-80030-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
VILLARI, DAVID J
2899 NE 26 COURT
FT. LAUDERDALE, FL 33306**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
VILLARI, JEANNE M
2899 NE 26 COURT
FT. LAUDERDALE, FL 33306**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GIFFORD, ANGELA C
740 SW 5 STREET
BOCA RATON, FL 33486**

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**

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:

Angela C Gifford

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

1/4/2006 (954) 565-5656

Date

Daytime Phone #