

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 03, 2005 8:00 am
Secretary of State

01-28-2005 90075 031 ****50.00

DOCUMENT # L04000062490 1. Entity Name CAROLE PUGLIESE INTERIOR DESIGN, LLC																													
Principal Place of Business 7813 WILTON CRESCENT CIRCLE UNIVERSITY PARK FL 34201			Mailing Address 7813 WILTON CRESCENT CIRCLE UNIVERSITY PARK FL 34201																										
2. Principal Place of Business 7813 Wilton Crescent Cir.		3. Mailing Address 7813 Wilton Crescent Cir.																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State University Park, FL.		City & State University PK. FL.		4. FEI Number 20-1787075																									
Zip 34201		Country USA		Applied For ☐ Not Applicable																									
Zip 34201		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent PUGLIESE CAROLE 7813 WILTON CRESCENT CIRCLE UNIVERSITY PARK FL 34201				7. Name and Address of New Registered Agent Name CAROLE PUGLIESE Street Address (P.O. Box Number is Not Acceptable) 7813 Wilton Crescent Circle City University Park, FL Zip Code 34201																									
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 Carole Pugliese - CAROLE PUGLIESE DATE 1/21/05 Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when re-registering)																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> OWNER / Mgr Director ☐ Delete carole Pugliese 7813 Wilton Crescent Circle University Park, FL. 34201 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> </tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER / Mgr Director ☐ Delete carole Pugliese 7813 Wilton Crescent Circle University Park, FL. 34201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Carole Pugliese - CAROLE PUGLIESE DATE 1/21/05 DAYTIME PHONE 941 355-7475 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													

ATTACHMENT

DOCUMENT # L04000082490				ATTACHMENT	
1. Entity Name CAROLE PUGLIESE INTERIOR DESIGN, LLC					
Principal Place of Business 7813 WILTON CRESCENT CIRCLE UNIVERSITY PARK FL 34201		Mailing Address 7813 WILTON CRESCENT CIRCLE UNIVERSITY PARK FL 34201			
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1787075	
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent PUGLIESE CAROLE 7813 WILTON CRESCENT CIRCLE UNIVERSITY PARK FL 34201		7. Name and Address of New Registered Agent SAME			
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.		9. Signature Carole Pugliese - CAROLE PUGLIESE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing) 1/21/05			
10. MANAGING MEMBERS / MANAGERS		11. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. CAROLE PUGLIESE DECORATIVE ARTS LLC Interior Design 7813 Wilton Crescent Circle University Park, FL 34201 Ph. 941-355-7475 1050 63-751/631 BRANCH 00000 1050		13. PAY TO THE ORDER OF Florida Dept. of State Fifty and 00/100 \$ 50.00 100/100 WACHOVIA Wachovia Bank, N.A. wachovia.com Document L04000062490 FOR LLC Annual Report 10631075131200001666835311050			
14. SIGNATURE Carole Pugliese - CAROLE PUGLIESE Signature and typed or printed name of issuing managing member, manager, or authorized representative 1/21/05 941 355-7475		15. 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.			