

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90179 028 \*\*\*\*55.00

DOCUMENT # L04000062490

1. Entity Name

CAROLE PUGLIESE INTERIOR DESIGN, LLC



Principal Place of Business

7813 WILTON CRESCENT CIRCLE  
UNIVERSITY PARK FL 34201  
US

Mailing Address

7813 WILTON CRESCENT CIRCLE  
UNIVERSITY PARK FL 34201  
US



2. Principal Place of Business

7813 Wilton Crescent Cir.

3. Mailing Address

7813 Wilton Crescent Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

University PK, FL.

City & State

University PK, FL.

4. FEI Number

20-1787075

Applied For

Not Applicable

Zip

34201

Country

U.S.A.

Zip

34201

Country

U.S.A.

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 Cir.

City

University PK,

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

2/09/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRD ☐ Delete  
NAME PUGLIESE, CAROLE  
STREET ADDRESS 7813 WILTON CRESCENT CIRCLE  
CITY-ST-ZIP UNIVERSITY PARK FL 34201

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 exemptions contained in Section 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: Carole Pugliese  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/09/06 941-355-7475  
Date Daytime Phone #