2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000020006

1. Entity Name
S & H COMFORT BY DESIGN, LLC

Principal Place of Business	Mailing Address
1640 PERIWINKLE WAY, #3 LIME TREE CENTER SANIBEL ISLAND, FL 33957	1640 PERIWINKLE WAY, #3 LIME TREE CENTER SANIBEL ISLAND, FL 33957

DO NOT WRITE IN THIS SPACE

03152008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-2138542	Not Applicable

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

6. Name and Address of Current Registered Agent

THIBAUT, HEIDI
6415 ADELPHI CIRCLE
FORT MYERS, FL 33919

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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
After May 1, 2008 Fee will be $538.75

U00000092935 7
U5/21/U8-80065-010 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	THIBAUT, HEIDI
STREET ADDRESS	6415 ADELPHI CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	MGRM
NAME	WATSON, STEVE
STREET ADDRESS	15740 CHATFIELD DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Heidi Thibaut_   4/25/8   239-395-0666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #