

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90070 020 \*\*\*143.75

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # L05000021892</b>  |  |   |  |   |  |
| <b>1. Entity Name</b><br>INTERIORS COMPLETE DESIGN, LLC   |  |   |  |   |  |
| <b>Principal Place of Business</b><br>8917 WESTERN WAY<br>SUITE 7<br>JACKSONVILLE, FL 32256   |  |   | <b>Mailing Address</b><br>8917 WESTERN WAY<br>SUITE 7<br>JACKSONVILLE, FL 32256  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>8917 WESTERN WAY   |  | <b>3. Mailing Address</b><br>8917 WESTERN WAY   |  |   |  |
| Suite, Apt. #, etc.<br>Suite #7   |  | Suite, Apt. #, etc.<br>Suite #7   |  |   |  |
| City & State<br>JACKSONVILLE, FL  |  | City & State<br>JACKSONVILLE, FL  |  | <b>4. FEI Number</b><br>55-0894220  |  |
| Zip<br>32256  |  | Country<br>DUVAL  |  | Zip<br>32256  |  |
| Country<br>DUVAL  |  | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>LUTEN, BRENDA L<br><del>8638 PHILIPS HWY SUITE 6</del> 8917 WESTERN WAY<br>JACKSONVILLE, FL 32256 SUITE #7  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name: SAME - NEW ADDRESS<br>Street Address (P.O. Box Number is Not Acceptable):<br>8917 WESTERN WAY STE #7<br>City: JAX FL Zip Code: 32256 |   |  |
| <b>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.</b>  |  |   |  |   |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small>   |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |  | <b>Make check payable to</b><br><b>Florida Department of State</b>  |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM <input type="checkbox"/> Delete<br>LUTEN, BRENDA L<br><del>8638 PHILIPS HWY SUITE 6</del> 8917 WESTERN WAY<br>JACKSONVILLE, FL 32256 SUITE #7 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>8917 WESTERN WAY<br>SUITE #7<br>NEW ADDRESS |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>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.</b> |  |   |  |   |  |
| <b>SIGNATURE:</b> <u>Brenda L. Luten</u>  |  | BRENDA L. LUTEN   |  | 904-338-9776  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |   |  | Date <u>1/22/08</u> Daytime Phone #   |  |