

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90135 009 ***138.75

DOCUMENT # L05000050379

1. Entity Name
ISLAND DESIGN AND ARCHITECTURAL CENTER, LLC



Principal Place of Business
**100 IDAC LN
ST. SIMONS ISLAND, GA 31522**

Mailing Address
**100 IDAC LN
ST. SIMONS ISLAND, GA 31522**

60010124



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02202008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-2901454

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOSTIC, ROBERT S
757 S.E. 17TH STREET, #826
FT. LAUDERDALE, FL 33316-3960**

7. Name and Address of New Registered Agent

Name **Robert S. Bostic**
Street Address (P.O. Box Number is Not Acceptable)
101 S. Ft. Lauderdale Beach Blvd
#608
City **Ft. Lauderdale** FL Zip Code **33314**

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

3-21-08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BOSTIC, ROBERT S**
STREET ADDRESS **757 SE 17TH ST 826**
CITY-ST-ZIP **FORT LAUDERDALE, FL 333163960**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☐ Addition
NAME **BOSTIC, ROBERT S**
STREET ADDRESS **101 S. Ft. Lauderdale Beach Blvd #608**
CITY-ST-ZIP **Ft. Lauderdale, FL 33314**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

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

Date

Daytime Phone #

3-21-08