


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000051374 1. Entity Name LORETTA FORER DESIGN, LLC |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 6815 SW 81 TERR MIAMI, FL 33143 | Mailing Address 6815 SW 81 TERR MIAMI, FL 33143 |
|---|---|

DO NOT WRITE IN THIS SPACE



01142008 No Chg-LLC

CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-2891289 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

MALLOY, JENNIE S
2800 SW 3RD AVENUE, MALLOY & MALLOY, P.A.
MIAMI, FL 33129

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

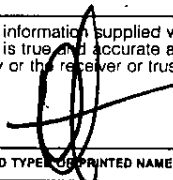
U00000344081
05/29/08-80086-006 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR FORER, LORETTA 7881 SW 69TH AVENUE MIAMI, FL 33143 |
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IN THIS SPACE**

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:  **4/29/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____