

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

04-10-2008 90129 009 ***139.00

05-23-2008 90160 020 *****5.00

DOCUMENT # L05000053575 1. Entity Name VINTILE DESIGN, L.L.C.					
Principal Place of Business 500 SOUTH CRESCENT DRIVE SUITE 115 HOLLYWOOD, FL 33021			Mailing Address 500 SOUTH CRESCENT DRIVE SUITE 115 HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2891332	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VIN TILE DESIGNS 500 SOUTH CRESCENT DRIVE SUITE 115 HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OTTLEY, SAMUEL 500 SOUTH CRESCENT DRIVE #115 HOLLYWOOD, FL 33021	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.					
SIGNATURE: <u>Samuel Ottley</u> 05/17/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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