2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State
03-01-2007 90193 028 ****50.00

1st MOORE CR2E083 (10/06)

DOCUMENT # L06000010797

1. Entity Name
JOHN MANERA DESIGNS, LLC

Principal Place of Business	Mailing Address
1350 JONATHANS TRAIL VERO BEACH FL 32963	1350 JONATHANS TRAIL VERO BEACH FL 32963

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

4. FEI Number 20-4180699 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NYSTROM, KATHRYN
519 53RD SQUARE
VERO BEACH FL 32968

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Kathy Nystrom 2/22/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGR MANERA, JOHN 1350 JONATHANS TRAIL VERO BEACH FL 32963	☐ 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 Section 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 John Manera 2/22/07 772-234-9535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #