


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90150 007 \*\*\*\*50.00

<b>DOCUMENT # L06000022259</b> 1. Entity Name <b>VICTOR SIMONE DESIGN, L.L.C.</b>					
Principal Place of Business <b>P.O. BOX 933</b> <b>CRYSTAL RIVER, FL 34428</b> <b>2565 N. Reynolds Ave</b>			Mailing Address <b>P.O. BOX 933</b> <b>CRYSTAL RIVER, FL 34428</b>		
2. Principal Place of Business - No P.O. Box # <b>2565 N. Reynolds Ave</b> Suite, Apt. #, etc.			3. Mailing Address <b>P.O. BOX 933</b> Suite, Apt. #, etc.		
City & State <b>CRYSTAL RIVER FL</b>		City & State <b>CRYSTAL RIVER FL</b>		4. FEI Number 02242007 Chg-LLC CR2E083 (12/06)	
Zip <b>34428</b>		Country <b>CITRUS</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SIMONE, VICTOR</b> <b>2565 NORTH REYNOLDS AVE.</b> <b>CRYSTAL RIVER, FL 34428</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>Victor Simone</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>SIMONE, VICTOR</b> <b>2565 NORTH REYNOLDS AVE.</b> <b>CRYSTAL RIVER, FL 34428</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Victor Simone</i></u> <u>2-27-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		