

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90304 021 \*\*\*\*50.00

**DOCUMENT # L06000026998**

1. Entity Name

SHADE DESIGN LLC

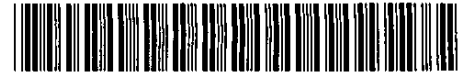


Principal Place of Business

1400 CROQUETT DRIVE  
CANTONMENT FL 32533  
US

Mailing Address

1400 CROQUETT DRIVE  
CANTONMENT FL 32533  
US



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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

204525105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HIGGINBOTTOM, MICHAEL  
1400 CROQUETT DRIVE  
CANTONMENT FL 32533

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete  
NAME: HIGGINBOTTOM, MICHAEL  
STREET ADDRESS: 1400 CROQUETT DRIVE  
CITY ST ZIP: CANTONMENT FL 32533

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

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

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

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

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

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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:** Michael Higginbottom  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2 Feb 2007 850-478-7059  
Date Daytime Phone #