


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000028288</b> 1. Entity Name <b>DESIGNS BY DEBBIE, LLC</b>	
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Principal Place of Business <b>1304 W. HILLSBOROUGH BLVD.</b> <b>NORTH PORT, FL 34288 US</b>	Mailing Address <b>1304 W. HILLSBOROUGH BLVD.</b> <b>NORTH PORT, FL 34288 US</b>
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01042008 No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**METZGER, DEBORAH L**  
**1304 W. HILLSBOROUGH BLVD.**  
**NORTH PORT, FL 34288**

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**

U00000775691  
01/08/08-80039-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>METZGER, DEBORAH L</b> <b>1304 W. HILLSBOROUGH BLVD.</b> <b>NORTH PORT, FL 34288</b>
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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: *Deborah Metzger*      1/4/08