

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032632

Entity Name: FOURIER DESIGNS, LLC

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

8453 MERRILL CIRCLE
LARGO, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

8453 MERRILL CIRCLE
LARGO, FL 33777 US

New Mailing Address:

FEI Number: 20-4602187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PHILLIPS, ANDREA N
8453 MERRILL CIRCLE
LARGO, FL 33777 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PHILLIPS, SAM L
Address: 8453 MERRILL CIRCLE
City-St-Zip: LARGO, FL 33777 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: DELAURENTIS, KATHRYN J
Address: 8453 MERRILL CIRCLE
City-St-Zip: LARGO, FL 33777 US

Title: MGRM () Change (X) Addition
Name: PFIEFFER, CHARLES
Address: 8453 MERRILL CIRCLE
City-St-Zip: LARGO, FL 33777 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAM PHILLIPS

MNMB

05/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date