

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90019 033 ***138.75

DOCUMENT # L06000043392

1. Entity Name
INTERNATIONAL DESIGN CONSULTANTS, LLC



Principal Place of Business
**11920 MIRAMAR PKWY
MIRAMAR, FL 33025**

Mailing Address
**P.O. BOX 277855
MIRAMAR, FL 33027**

60038168



04292008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4770536 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NIEVES, ISANDER
11920 MIRAMAR PARKWAY
MIRAMAR, FL 33025**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **AMERICAN BUSINESS & TECHNOLOGY GROUP INC**
CITY-ST-ZIP **P.O. BOX 277855
MIRAMAR, FL 33027**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **LEWTOWN COMPANY S.A.**
CITY-ST-ZIP **BUENOS AIRES NO. 484 PISO 2 # 10
MONTEVIDEO, UR URUGUAY**

TITLE ☐ Delete
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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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 _____