

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L06000051418

1. Entity Name
DESIGN ALLIANCE GROUP LLC



Principal Place of Business
1999 WELLS ROAD, SUITE "C"
ORANGE PARK, FL 32073

Mailing Address
1999 WELLS ROAD, SUITE "C"
ORANGE PARK, FL 32073



04072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2584186

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TOLSON, JOHN F
462 KINGSLEY AVE STE 101
ORANGE PARK, FL 32073

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U00000911518
05/07/08-80043-015 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	YOUNG, DONALD V
STREET ADDRESS	1999 WELLS ROAD, SUITE "C"
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	MGRM
NAME	KLAYBOR, LARRY A
STREET ADDRESS	1999 WELLS ROAD, SUITE "C"
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Larry A. Klaybor

4/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #