

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90180 020 ***138.75

DOCUMENT # L06000062265

1. Entity Name
BEAULAND HOME DESIGNS, LLC



Principal Place of Business

**2378 DESTINY WAY
A1 J0
ODESSA, FL 33556**

Mailing Address

**P.O. BOX 1261
DUNEDIN, FL 34697**

60016078



03042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5092306

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KONRAD, WILLIAM S
3617 TOWN AVENUE
NEW PORT RICHEY, FL 34655**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KONRAD, WILLIAM S
STREET ADDRESS	3617 TOWN AVE.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	MGR
NAME	ANDRE, BEAU J
STREET ADDRESS	2708 ALT. 19 NORTH. SUITE 507-6
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	MGR
NAME	BEAU, PHILIPPE
STREET ADDRESS	2708 ALT. 19 NORTH. SUITE 507-6
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	MGR
NAME	CURTIS, ROGER A
STREET ADDRESS	7450 NW 53RD LANE
CITY-ST-ZIP	CHIEFLAND, FL 32626
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: _____

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

03/18/08 (727) 409-3465

Date

Daytime Phone #