


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90047 040 ***138.75

DOCUMENT # L06000078644	
1. Entity Name MCINTYRE INTERIORS, LLC	

Principal Place of Business 1004 COLLIER CENTER WAY SUITE 102 NAPLES, FL 34110	Mailing Address 1004 COLLIER CENTER WAY SUITE 102 NAPLES, FL 34110
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2. Principal Place of Business - No P.O. Box # 23150 Fashion Dr	3. Mailing Address 23150 Fashion Dr
Suite, Apt. #, etc. 231	Suite, Apt. #, etc. 231

City & State Estero	City & State Estero
Zip FL	Country Lee

02082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5346034	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 - Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCINTYRE, CYNTHIA R 3739 WOODLAKE DRIVE BONITA SPRINGS, FL FL	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	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 _____ DATE **4/22/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCINTYRE, CYNTHIA R 3739 WOODLAKE DRIVE BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cynthia R. McIntyre **4/22/08**

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

Date Daytime Phone #

239.593.9731