

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085552

FILED
Jan 15, 2009
Secretary of State

Entity Name: AFFORDABLE REDESIGN 2 SELL, LLC

Current Principal Place of Business:

1801 ENTERPRISE AVENUE
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

1801 ENTERPRISE AVENUE
SAINT AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, JESSICA
1801 ENTERPRISE AVENUE
SAINT AUGUSTINE, FL 32092 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: WEAVER, JESSICA
Address: 1801 ENTERPRISE AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: DIAZ, KELLI
Address: 832 HIBERNIA FORREST DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM (X) Delete
Name: WEAVER, JAMES
Address: 1801 ENTERPRISE AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: WEAVER, JAMES M
Address: 1801 ENTERPRISE AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32092

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

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: JESSICA A WEAVER

MGRM

01/15/2009

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