

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90228 038 ****50.00

DOCUMENT # L06000100998

1. Entity Name
NEW YORK DESIGN LLC



Principal Place of Business
**5519 21ST AVE N
ST PETERSBURG, FL 33710**

Mailing Address
**10460 ROOSEVELT BLVD SUITE 292
ST PETERSBURG, FL 33716**

60032763



2. Principal Place of Business - No P.O. Box #
37-16TH STREET SOUTH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232007 Chg-LLC CR2E083 (12/06)

City & State
ST PETERSBURG FL

City & State

4. FEI Number
20-8111697

Applied For
Not Applicable

Zip

Country

Zip

Country

33705

U.S.A

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHRIEVER, NICK
10460 ROOSEVELT BLVD, SUITE 292
ST PETERSBURG, FL 33716**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REALE, ANTHONY M
5519 21ST AVE N
ST PETERSBURG, FL 33710** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REALE, ANTHONY M
37 16TH STREET S.
ST PETERSBURG, FL 33705** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHRIEVER, NICHOLAS A
1246 54TH AVE N
ST PETERSBURG, FL 33703** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

NICHOLAS A SCHRIEVER

4/3/07

707 418-1904