


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000108219

1. Entity Name
DESIGNER T'S OF FLORIDA, LLC



Principal Place of Business
**10613 DEL PRADO DRIVE WEST
 LARGO, FL 33774 US**

Mailing Address
**P.O BOX 4241
 SEMINOLE, FL 33775 US**

DO NOT WRITE IN THIS SPACE



04082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
59-0669712

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCNALLY, DAVID A SR
 10613 DEL PRADO DR WEST
 LARGO, FL 33774**

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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MCNALLY, DAVID A SR P.O. BOX 4241 SEMINOLE, FL 33775
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCNALLY, JANE E P.O. BOX 4241 SEMINOLE, FL 33775
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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: David McNally 4/13/08 727-687-1593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #