## Feb 06, 2008 8:00 am **2008 LIMITED LIABILITY COMPANY** Secretary of State **ANNUAL REPORT** 02-06-2008 90122 045 \*\*\*138.75 DOCUMENT # L06000113140 1. Entity Name COHO DESIGNS, LLC **0829000** Principal Place of Business Mailing Address **62 BARRINGTON DRIVE 62 BARRINGTON DRIVE** PALM COAST, FL 32137 PALM COAST, FL 32137 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 Cha-LLC CR2E083 (12/06) 4. FEI Number 20 - 5929626 City & State City & State Applied For Not Applicable Zip Zio Country Country \$5:00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUBER, KEITH R **62 BARRINGTON DRIVE** Street Address (P.O. Box Number is Not Acceptable) PALM COAST, FL 32137 City Zip Code FI 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 Rorida. I am familiar with, and accept SIGNATURE 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Addition ☐ Delete TITL F □ Channe NAME HUBER, KEITH R NAME **62 BARRINGTON DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIF PALM COAST, FL 32137 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TM F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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.

KETAT K HUBER

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

CITY - ST - ZIP

X213/08

386) 931-4060

**FILED**