

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 21, 2008 08:00 AM  
Secretary of State

DOCUMENT # L06000116597

1. Entity Name  
DESIGNER CONCEPTS BY ASHLEY PAIGE LLC



Principal Place of Business

1650 VIA DELUNA  
E-7  
PENSACOLA BEACH, FL 32561 US

Mailing Address

1650 VIA DELUNA  
E-7  
PENSACOLA BEACH, FL 32561 US



05142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

61-1514530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MADDEN, THOMAS  
1650 VIA DELUNA  
E-7  
PENSACOLA BEACH, FL 32561

DO NOT WRITE  
IN THIS SPACE

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

Thomas MADDEN

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

(NOTE: Registered Agent signature required when reinstating)

5/15/08

DATE

FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PAIGE, ASHLEY  
1650 VIA DELUNA E-7  
PENSACOLA BEACH, FL 32561

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MADDEN, THOMAS  
1650 VIA DELUNA E-7  
PENSACOLA, FL 32561

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WU, JAMES  
1650 VIA DELUNA E-7  
PENSACOLA BEACH, FL 32561

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000851817  
06/04/08-80053-003 138.75

DO NOT WRITE  
IN THIS SPACE

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:

Thomas MADDEN

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

5/15/08 850-932-9632

Date

Daytime Phone #