

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011053

FILED
Mar 09, 2009
Secretary of State

Entity Name: STEPHANIE NESBITT DESIGN, LLC

Current Principal Place of Business:

508 CENTRAL AVENUE
NAPLES, FL 34102 US

New Principal Place of Business:

620 ORCHID DRIVE
NAPLES, FL 34102 US

Current Mailing Address:

508 CENTRAL AVENUE
NAPLES, FL 34102 US

New Mailing Address:

620 ORCHID DRIVE
NAPLES, FL 34102 US

FEI Number: 20-8757274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NESBITT, STEPHANIE P MGRM
508 CENTRAL AVENUE
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

NESBITT, STEPHANIE P
620 ORCHID DRIVE
NAPLES, FL 34102 US

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: STEPHANIE NESBITT

03/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NESBITT, STEPHANIE P
Address: 508 CENTRAL AVENUE
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NESBITT, STEPHANIE P STEPHAN
Address: 620 ORCHID DRIVE
City-St-Zip: NAPLES, FL 34102 US

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: STEPHANIE NESBITT

MGRM

03/09/2009

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