

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90015 028 ***138.75

DOCUMENT # L07000016682

1. Entity Name

SEW BEE DESIGN, LLC



Principal Place of Business

940 LINCOLN RD.
SUITE 200
MIAMI BEACH FL 33139
US

Mailing Address

6900 BAY DR.
#9G
MIAMI BEACH FL 33139
US



2. Principal Place of Business - No P.O. Box #

6900 Bay Dr #9g

Suite, Apt. #, etc.

3. Mailing Address

6900 Bay Dr

Suite, Apt. #, etc.

#9g

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33141

Country

Dade

Zip

33141

Country

Dade

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-8463434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ILIANA
940 LINCOLN RD
220
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Iliana Rodriguez

Street Address (P.O. Box Number is Not Acceptable)

6900 Bay Drive

#9g

City

Miami Beach

FL

Zip Code

33141

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

Iliana Rodriguez

Signature typed or printed name of registered agent and fee (attach)

(NOTE: Registered Agent s.g. value required when registering)

4/14/08

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME RODRIGUEZ, ILIANA
STREET ADDRESS 6900 BAY DR. #9G
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Iliana Rodriguez

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

4/14/08

DATE

786-525-1150

OFFICE PHONE #