

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027465

Entity Name: VINE DESIGNS LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

4143 PARRY DRIVE  
SARASOTA, FL 34241

**New Principal Place of Business:**

4143 PARRY DR  
SARASOTA, FL 34241

**Current Mailing Address:**

4143 PARRY DRIVE  
SARASOTA, FL 34241

**New Mailing Address:**

4143 PARRY DR  
SARASOTA, FL 34241

FEI Number: 64-0953355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEYES, TINA M  
4143 PARRY DRIVE  
SARASOTA, FL 34241 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KEYES, WILLIAM J  
Address: 4143 PARRY DRIVE  
City-St-Zip: SARASOTA, FL 34241

Title: MGRM ( ) Delete  
Name: KEYES, TINA M  
Address: 4143 PARRY DRIVE  
City-St-Zip: SARASOTA, FL 34241

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TINA M KEYES

MGRM

04/14/2009

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