## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

## DOCUMENT # L07000028661

. . .

STREET ADDRESS

CITY-ST-ZIP



**FILED** 

May 06, 2008 8:00 am Secretary of State

05-06-2008 90006 036 \*\*\*138.75

LANÓ & SEA WOOD DESIGN, LLC 60039615 Principal Place of Business Mailing Address 8990 PONDEROSA PLACE 8990 PONDEROSA PLACE BRYCEVILLE, FL 32009-1218 BRYCEVILLE, FL 32009-1218 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number City & State Applied For 20-8695156 Not Applicable Zip 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 CREWS, RICHARD 8990 PONDEROSA PLACE Street Address (P.O. Box Number is Not Acceptable) BRYCEVILLE, FL 32009-1218 . City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State . . MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Change ☐ Addition CREWS, RICHARD NAME NAME 8990 PONDEROSA PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRYCEVILLE, FL 320091218 CITY-ST-ZIP **MGRM** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CREWS, GLORIA NAME STREET ADORESS 8990 PONDEROSA PLACE STREET ADDRESS CITY-ST-ZIP BRYCEVILLE, FL 20091218 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition, NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Сhалge ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

Glorin Crews rough SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #