

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000041743

**FILED**  
**Jul 30, 2008**  
**Secretary of State**

**Entity Name:** CM DESIGNZ LLC

**Current Principal Place of Business:**

329 JEFFERSON AVE  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

329 JEFFERSON AVE  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:** 26-0545750      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MELCMIORRE, CLAUDIA  
329 JEFFERSON AVE  
CAPE CANAVERAL, FL 32920      US

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

MELCHIORRE, CLAUDIA  
329 JEFFERSON AVE  
CAPE CANAVERAL, FL 32920      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: CLAUDIA MELCHIORRE

07/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MELCHIORRE, CLAUDIA  
Address: 329 JEFFERSON AVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

**ADDITIONS/CHANGES:**

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: CLAUDIA MELCHIORRE

MGR

07/30/2008

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