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Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90200 030 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000044754

1. Entity Name
EUROPEAN QUALITY DESIGN, LLC

60014671

Principal Place of Business	Mailing Address
2403 WHISPERLOW STREET PORT CHARLOTTE, FL 33948	2403 WHISPERLOW STREET PORT CHARLOTTE, FL 33948

03102008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2403 Whisperlow ST	2403 WHISPERLOW ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT CHARLOTTE - FL	City & State: PORT CHARLOTTE - FL
Zip: 33948 Country: USA	Zip: 33948 Country: USA

4. FEI Number 208924659 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINER, NEVIN A
SUITE 100, 100 WALLACE AVENUE
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARANSKI, JEAN-FRANCOIS 2403 WHISPERLOW STREET FLORIDA, FL 33948-342 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] BARANSKI JEAN-FRANCOIS 03/10/08 9412402831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #