





2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2008 8:00 am
Secretary of State

06-30-2008 90078 018 ***138.75

DOCUMENT # L07000046343 1. Entity Name PRODUCT DESIGN LLC																																																																																																																																			
Principal Place of Business 231 EDWARDS AVENUE ORANGE CITY, FL 32763			Mailing Address 231 EDWARDS AVENUE ORANGE CITY, FL 32763																																																																																																																																
2. Principal Place of Business - No P.O. Box # 1531 MANOR WAY <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1531 MANOR WAY <small>Suite, Apt. #, etc.</small>		 05062008 Chg-LLC CR2E083 (12/06)																																																																																																																															
City & State DELAND FL		City & State DELAND FL																																																																																																																																	
Zip 32720		Zip 32720																																																																																																																																	
Country USA		Country USA																																																																																																																																	
4. FEI Number 20-8951006			Applied For <input type="checkbox"/> Not Applicable																																																																																																																																
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent WATSON, CAROLYN 231 EDWARDS AVENUE ORANGE CITY, FL 32763																																																																																																																																
7. Name and Address of New Registered Agent Name WATSON, CAROLYN Street Address (P.O. Box Number is Not Acceptable) 1531 MANOR WAY City DELAND FL Zip Code 32720			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 CAROLYN WATSON, MGRM  X 5-28-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																																																																																																
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">1531 MANOR WAY</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WATSON, TANDY</td> <td></td> <td>NAME</td> <td>DELAND, FL 32720</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>231 EDWARDS AVENUE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>ORANGE CITY, FL 32763</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>1531 MANOR WAY</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WATSON, CAROLYN</td> <td></td> <td>NAME</td> <td>DELAND, FL 32720</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>231 EDWARDS AVENUE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>ORANGE CITY, FL 32763</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	1531 MANOR WAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WATSON, TANDY		NAME	DELAND, FL 32720		STREET ADDRESS	231 EDWARDS AVENUE		STREET ADDRESS			CITY-STATE-ZIP	ORANGE CITY, FL 32763		CITY-STATE-ZIP			TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	1531 MANOR WAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WATSON, CAROLYN		NAME	DELAND, FL 32720		STREET ADDRESS	231 EDWARDS AVENUE		STREET ADDRESS			CITY-STATE-ZIP	ORANGE CITY, FL 32763		CITY-STATE-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP		
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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: CAROLYN WATSON, MGRM  X 5-28-08 40 243 1440 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																																																																																			

ATTACHMENT

5000770J
#L07000046343

June 20, 2008

Re: Product Design, LLC

The originals were sent with the check,
but the check was Returned.

FEIN #20951006

Sincerely,



CAROLYN WATSON

ATTACHMENT

5000720J
#L07000046343

F-7000
R-2128
Page 2

15. a) Penalty: F-2220	b) Other	Line 15 Total	15.												
c) Interest: F-2220	d) Other														
16. Total of Lines 14 and 15			16.												
17. Payment credits: Estimated tax payments 17a \$			17.												
Tentative tax payment 17b \$															
18. Subtract Line 17 from Line 16. Enter amount due here and on payment coupon. If there is an overpayment, enter on Line 19 and/or Line 20.			18.												
19. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon			19.												
20. Refund: Enter amount of overpayment to be refunded here and on payment coupon			20.												

This return is considered incomplete unless a copy of the federal return is attached.
A return that is not signed, or improperly signed and verified, will be subject to a penalty. The statute of limitations period will not start until the return is properly signed and verified.
This return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign here	Signature of officer (must be an original signature)	Date	Title	M/RM
Paid preparers only	Preparer's signature	Date	Preparer check if self-employed	Preparer's PTIN
	Firm's name (or yours if self-employed) and address		FEIN	
	CONSULTING CORPORATION 3959 South Nova Road, Suite 16 Port Orange, Florida 32127		ZIP	

All Taxpayers Are Required to Answer Questions A Through M Below as Appropriate — See Instructions

A. State of incorporation: FLORIDA

B. Florida Secretary of State document number: L07000046343

C. Florida consolidated return? YES ☐ NO ☒

D. ☒ Initial return ☐ Final return (final federal return filed)

E. Taxpayer election s. 220.03(5), F.S. ☒ General Rule ☐ Election A ☐ Election B

F. Principal Business Activity Code (as pertains to Florida)
541330

G. A Florida extension of time was timely filed? YES ☒ NO ☐ If yes, attach copy of Florida Form F-7004 or enter confirmation #

H-1. Corporation is a member of a controlled group? YES ☐ NO ☒ If yes, attach list.

H-2. Part of a federal consolidated return? YES ☐ NO ☒ If yes, provide:

FEIN from federal consolidated return: _____

Name of corporation: _____

H-3. The federal common parent has sales, property or payroll in Florida? YES ☐ NO ☐

I. Location of corporate books: STATE

J. Taxpayer is a member of a Florida partnership or joint venture? YES ☐ NO ☒

K. Enter date of latest IRS audit N/A List years examined _____

L. Contact person and telephone for questions concerning this return: RICHARD YUNKER
386-788-0909

M. Type of federal return filed ☐ 1120 ☐ 1120A ☒ 1120S or _____

Where to Send Payments and Returns

Make check payable to and send with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

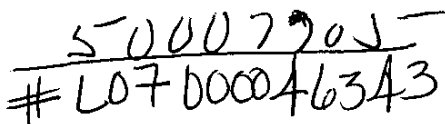
If you are requesting a refund (Line 20), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- ✓ Make your check payable to the Florida Department of Revenue.
- ✓ Write your FEI Number on your check.
- ✓ Sign your check and return.
- ✓ Attach a copy of your federal return.
- ✓ Attach a copy of your Form F-7004 (extension of time) if applicable.

ATTACHMENT



Name PRODUCT DESIGN, LLC
Address 1531 MANOR WAY
City/State/ZIP DELAND, FL 32720

0123456789

FEIN

For calendar year 2007 or tax year
beginning _____, 2007
ending _____
Year end date

☒ Check here if any change in name or address

11-11-68

Computation of Florida Net Income and Emergency Excise Tax

- [illegible]

Payment Coupon for Florida Corporate Income Tax Return

Do not detach coupon.

F-112C
R. 01/08

To ensure proper credit to your account, enclose your check with tax return when mailing.

YEAR
ENDING 1 2 3 1 0 7

Return is due 1st day of the 4th month after close of the taxable year.

Check here if you transmitted funds electronically ►

Enter name and address, if not pre-addressed:

Name PRODUCT DESIGN, LLC
Address 1531 MANOR WAY
City/ST/ZIP DELAND, FL 32720

	US DOLLARS										CENTS	
Total amount due from Line 18												
Total credit from Line 19												
Total refund from Line 20												
FEIN Enter FEIN if not pre-addressed	2	0	8	9	5	1	0	0	6			