

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047771

FILED  
May 16, 2008  
Secretary of State

**Entity Name:** ACCENT DESIGNS AND CONSULTATIONS, LLC

**Current Principal Place of Business:**

4908 NW 34TH STREET  
SUITE 5  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 601  
GULF BREEZE, FL 32562

**New Mailing Address:**

**FEI Number:** 26-0245352      **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:**

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

MONSERUD, BRUCE W  
4908 NW 34TH STREET  
SUITE 5  
GAINESVILLE, FL 32605 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MONSERUD, BRUC E W  
Address: P.O. BOX 601  
City-St-Zip: GULF BREEZE, FL 32562

Title: MGRM ( ) Delete  
Name: MONSERUD, BRUCE W  
Address: P.O. BOX 601  
City-St-Zip: GULF BREEZE, FL 32562

**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: BRUCE W. MONSERUD

MGR

05/16/2008

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