

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000047771

**FILED**  
**Apr 29, 2010**  
**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:**

4908 NW 34TH STREET  
SUITE 5  
GAINESVILLE, FL 32605

**FEI Number:** 26-0245352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONSERUD, BRUCE W  
4908 NW 34TH STREET  
SUITE 5  
GAINESVILLE, FL 32605 US

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

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  
**Name:** MONSERUD, BRUCE W  
**Address:** PO BOX 358074  
**City-St-Zip:** GAINESVILLE, FL 32635

**Title:** MGRM  
**Name:** MONSERUD, BRUCE W  
**Address:** PO BOX 358074  
**City-St-Zip:** GAINESVILLE, FL 32635

I hereby 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 MONSERUD

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04/29/2010

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