2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 09, 2008 8:00 am Secretary of State

DOCUMENT # L07000048590 1. Entity Name CENTRAL FLORIDA DESIGN BUILD, LLC							04-18-20	008 9015	57 003 **	*138.75	
Principal Place of Business 15 WATERSIDE PARKWAY PALM COAST, FL 32137 US			Mailing Address 15 WATERSIDE PARKWAY PALM COAST, FL 32137 US			JUUIUMUU					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04082008	Chg-LLC	CR2	E083 (12/06)	
City & State			City & State			4. FEI Numi	-02976	8		Applied For lot Applicable	
Zip		Country	Zip	Coun	try	<u> </u>	e of Status Desired		\$5.00 As Fee Requir		
6. Name and Address of Current R			egistered Agent - Name			7. Name an	d Address of New	Registere	Agent		
ORTIZ RI	CARDO			Narie							
15 WATER	RSIDE PAI				Street Address (P.O. Box Number is Not Acceptable)						
			•	City				F	Zip Co	de	
R The shove	named entit	v submite this statement for	ed office or register	ed agent or b	oth in the State of		-	and accept			
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 priviled name of registered agent and title if applicable. (MOTE: Registered Agent agritture required whem 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 MEMBE		10.			ADDITION	IS/CHANGE			
TITLE	MGR ORTIZ, R	ICARDO	C) Delete	HALI	ı ı				Change	Addition	
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11. I hereby	pertify that th	a information supplied with	of fitting does not quality to	the exe	mptions contained	in Chapter 119	, Florida Statutes. I	further cert	ify that the inf	ormation	
11. I hereby sertify that the information supplied with the information of qualify for the exemptions contained in Chapter 119, Ronda Statutes. I further certify that the information indicated on this report is true and accurate and the my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or truster empowered to execute this report as required by Chapter 608, Florida Statutes.											
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