

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008** 5/

FILED
Jun 13, 2008 8:00 am
Secretary of State

05-09-2008 90062 026 ***138.75

DOCUMENT # L07000051102

1. Entity Name
STAVROS DESIGNS, LLC



Principal Place of Business
**6200 HOLLYWOOD BLVD
HOLLYWOOD FL 33024
US**

Mailing Address
**6200 HOLLYWOOD BLVD
HOLLYWOOD FL 33024
US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country



1st MOORE CR2E083 (10/07)

4. FEI Number
33-1165199

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name
DIANNE S. DEMOS
Street Address (P.O. Box Number is Not Acceptable)
9820 SW 15th Ct
City
PLANTATION FL Zip Code
33324

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 **DIANNE S. DEMOS CPA** **DIANNE S DEMOS CPA** 4/22/08
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) 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	MGRM STAVROS, MOFORIS 6200 HOLLYWOOD BLVD HOLLYWOOD FL 33024 ☐ 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 Section 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: **DIANNE S DEMOS CPA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date of Filing