

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057740

FILED
May 05, 2009
Secretary of State

Entity Name: THE FLORIDA DESIGN GROUP, LLC

Current Principal Place of Business:

405 SW 13TH TERRACE
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

2269 S. UNIVERSITY DRIVE
SUITE #275
DAVIE, FL 33324

Current Mailing Address:

405 SW 13TH TERRACE
FORT LAUDERDALE, FL 33312

New Mailing Address:

2269 S. UNIVERSITY DRIVE
SUITE #275
DAVIE, FL 33324

FEI Number: **FEI Number Applied For (X)** **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:

GARBER, EDWARD A
405 SW 13TH TERRACE
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

GARBER, EDWARD A
2269 S. UNIVERSITY DRIVE
SUITE #275
DAVIE, FL 33324 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: EDWARD A. GARBER

05/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARBER, EDWARD A
Address: 405 SW 13TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARBER, EDWARD A
Address: 2269 S. UNIVERSITY DRIVE, SUITE #275
City-St-Zip: DAVIE, FL 33324

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: EDWARD A. GARBER

MGR

05/05/2009

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