

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067816

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: CLS DESIGN AND RENOVATION, LLC

## Current Principal Place of Business:

517 SPRING CREEK DRIVE  
LONGWOOD, FL 32779

## New Principal Place of Business:

517 SPRINGCREEK DRIVE  
LONGWOOD, FL 32779

## Current Mailing Address:

517 SPRING CREEK DRIVE  
LONGWOOD, FL 32779

## New Mailing Address:

517 SPRINGCREEK DRIVE  
LONGWOOD, FL 32779

FEI Number: 26-0428402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SEMANS, CHARLES  
517 SPRING CREEK DRIVE  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

SEMANS, CHARLES  
517 SPRINGCREEK DRIVE  
LONGWOOD, FL 32779 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:

04/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SEMANS, CHARLES  
Address: 517 SPRING CREEK DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: SEMANS, LISA R  
Address: 517 SPRINGCREEK DRIVE  
City-St-Zip: LONGWOOD, FL 32779

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: CHARLES SEMANS

MGR

04/28/2008

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