

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000073659

1. Entity Name
HOME DECOR ENTERPRISE LLC



FILED
08 JUL -8 PM 4: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1570 CAPITAL CIR NW
TALLAHASSEE, FL 32303

Mailing Address
1570 CAPITAL CIR NW
TALLAHASSEE, FL 32303



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WANG, ZU G
1570 CAPITAL CIR NW
TALLAHASSEE, FL 32303

[Signature]

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WANG, ZU G
STREET ADDRESS 1570 CAPITAL CIR NW
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE MGRM ☐ Delete
NAME ZHUO, XIAO JIAN
STREET ADDRESS 1570 CAPITAL CIR NW
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE MGRM ☐ Delete
NAME ZHENG, YING KAI
STREET ADDRESS 1570 CAPITAL CIR NW
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 500132946295
STREET ADDRESS U7/15/08--U1U25--U07 **138.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/8/08