

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080177

Entity Name: FANCY DESIGN LLC

FILED  
Aug 24, 2009  
Secretary of State

**Current Principal Place of Business:**

2135 NE 198 TERR  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

2135 NE 198 TERR  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

FELDMAN, YANIV  
2135 NE 198 TERR  
NORTH MIAMI BEACH, FL 33180 US

**Name and Address of New Registered Agent:**

FELDMAN, YANIV  
2135 NE 198 TERR  
NORTH MIAMI BEACH, FL 33179 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: YANIV FELDMAN

08/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FELDMAN, YANIV  
Address: 2135 NE 198 TERR  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGRM ( ) Delete  
Name: FELDMAN, ORIT  
Address: 2135 NE 198 TERR  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

**ADDITIONS/CHANGES:**

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

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

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: YANIV FELDMAN

MGR

08/24/2009

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