2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 30, 2008 8:00 am Secretary of State

DOCUMENT # L0700083308 1. Entity Name SIGN DESIGNER OF MANATEE, LLC						05-30-2008 9001	9 019 ***13	8.75
Principal Place 6516 24TH / BRADENTON	AVE EAST	Mailing Address 6516 24TH AVE EAST BRADENTON, FL 34208		id#(i#ij#	N BETIN IERIY BUTIN GERIY EBIN BBICH (A		040 <i>4</i>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102008 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 an	d Address of New Register	red Agent	
WICKMAN LAW GROUP P.				Name	ILLRICH SCARLETT SUMMONTE + DEAN			
	I DR EAST	Street Ac		Street Address (D ULRICH SCARLETT SymmowTE + DEAN s (P.O. Box Number is Not Acceptable)			
STE 200	ON, FL 34202	1. 2 3		2940	5, TAM	LAMI TRAIL	•	
	•	City		City SARA	SOTA		FL Zip Cod	39
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registere	ed office or register	red agent, or b	oth, in the State of Florida.	am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registere	Agent signature required	d when reinstating)	/ /	14/08	
FILE/NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							ck payable to urtment of Statu	
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS/CHAN	GES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOMBER, ROBERT L 6516 24TH AVE EAST BRADENTON, FL 34208	Delete		i			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	TITLE NAMI STRE	l l			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete		1			Change .	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1		/	☐ Change	Addition
TITLE		☐ Delete	TITLE	i		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				ET ADORESS ST-ZIP				

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! Robert Bomb

4/30/08 941-747-7708

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