

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100624

FILED
Sep 17, 2008
Secretary of State

Entity Name: GRACE DESIGN AND STAGING LLC

Current Principal Place of Business:

8310 BIG ACORN CIRCLE #1004
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

8310 BIG ACORN CIRCLE #1004
NAPLES, FL 34119

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:

O'LEARY, CORRI M
8310 BIG ACORN CIRCLE #1004
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

OLEARY, CORRI M
8310 BIG ACORN CIRCLE #1004
NAPLES, FL 34119 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: CORRI OLEARY

09/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: O'LEARY, CORRI
Address: 8310 BIG ACORN CIRCLE #1004
City-St-Zip: NAPLES, FL 34119

Title: MGRM (X) Delete
Name: O'LEARY, URSULA
Address: 8310 BIG ACORN CIRCLE #1004
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OLEARY, CORRI
Address: 8310 BIG ACORN CIRCLE #1004
City-St-Zip: NAPLES, FL 34119

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: CORRI OLEARY

MGR

09/17/2008

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