

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90112 033 ***138.75

DOCUMENT # L07000102276

1. Entity Name

V.I.P. INTERIORS, LLC



Principal Place of Business

849 DOBELL TERRACE N.W.
PORT CHARLOTTE FL 33948
US

Mailing Address

849 DOBELL TERRACE N.W.
PORT CHARLOTTE FL 33948
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

26-1193638

Applied For

Not Applicable

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

STURGES, ERNEST W JR.
19470 PEACHLAND BOULEVARD
PORT CHARLOTTE FL 33948

Name **STURGES, ERNEST W, JR**

Street Address (P.O. Box Number is Not Acceptable)
GOLDMAN, TISED + STURGES, P.A.

70130 CENTER COURT, SUITE 3

City **PORT CHARLOTTE**

FL

Zip Code **33954**

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 filed if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GOBEL, LEON
849 DOBELL TERRACE N.W.
PORT CHARLOTTE FL 33948 ☐ Delete

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: LEON GOBEL LEON GOBEL 03-26-08 941-766-9635

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

Date

Daytime Phone #