

FILED
Apr 02, 2008 8:00 am
Secretary of State

60019062

DOCUMENT # L07000106082

1. Entity Name
CUSTOM COACHING BY DESIGN LLC



Principal Place of Business
365 WEKIVA SPRINGS ROAD
151
LONGWOOD, FL 32779 US

Mailing Address
206 N. MONTEREY ISLE
LONGWOOD, FL 32779 US

60019069



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

02262008 Chg-LLC CR2E083 (12/06)

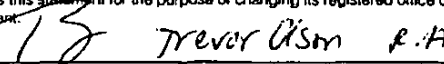
4. FEI Number
26-1407102
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
OLSON, TREVOR J
206 N. MONTEREY ISLE
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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 remaining)

DATE
2-26-08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

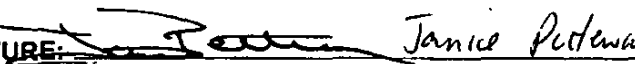
Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
MGR PETTEWAY, JANICE G 206 N. MONTEREY ISLE LONGWOOD, FL 32779	☐		☐
	☐		☐
	☐		☐
	☐		☐
	☐		☐
	☐		☐

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
2-26-08

Daytime Phone #
407 788 1226