

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106187

FILED
Sep 25, 2008
Secretary of State

Entity Name: FAUXFILLING DESIGNS, LLC

Current Principal Place of Business:

4528 2ND AVE N.
ST. PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 16503
ST. PETERSBURG, FL 33733 US

New Mailing Address:

4528 2ND AVE N.
ST. PETERSBURG, FL 33713 US

FEI Number: 26-1263258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

THOMPSON, STACY M
4528 2ND AVE. N.
ST. PETERSBURG, FL 33713 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMPSON, STACY M
Address: 4528 2ND AVE N.
City-St-Zip: ST. PETERSBURG, FL 33713 US

ADDITIONS/CHANGES:

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: STACY M. THOMPSON

MGRM

09/25/2008

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