

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 25, 2008 8:00 am**  
**Secretary of State**

06-25-2008 90052 001 \*\*\*143.75

**DOCUMENT # L07000107903**

1. Entity Name  
**CHAMPION DESIGNZ, LLC**



Principal Place of Business  
**3265 FOX LAKE DRIVE  
TAMPA, FL 33618**

Mailing Address  
**3265 FOX LAKE DRIVE  
TAMPA, FL 33618**

**50007469**



2. Principal Place of Business - No P.O. Box #  
**N/A**  
Suite, Apt. #, etc.

3. Mailing Address  
**N/A**  
Suite, Apt. #, etc.

06052008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**258-79-0752**

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

**HERNANDEZ, STEVEN  
3265 FOX LAKE DRIVE  
TAMPA, FL 33618**

## 7. Name and Address of New Registered Agent

Name  
**N/A**  
Street Address (P.O. Box Number is Not Acceptable)  
  
City **FL** Zip 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **HERNANDEZ, STEVEN**  
STREET ADDRESS **3265 FOX LAKE DRIVE**  
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **N/A**  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

**6/20/08 813.786.7531**  
Date Daytime Phone #