


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90403 017 ***138.75

DOCUMENT # L07000115029	
1. Entity Name INTERNI DESIGN GD LLC	

Principal Place of Business 1350 MAIN STREET UNIT 604 SARASOTA, FL 34236 US	Mailing Address 1350 MAIN STREET UNIT 604 SARASOTA, FL 34236 US
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00012034

2. Principal Place of Business - No P.O. Box # 5180 NW 7 ST	3. Mailing Address 5726 Cortez Rd. W
Suite, Apt. #, etc. SUITE 401	Suite, Apt. #, etc. # 219
City & State Miami Florida	City & State BRADENTON FL
Zip 33126	Country U.S.A.
Zip 34210-2701	Country U.S.A.



02222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1858331		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent RAMIREZ, LUIS E 1350 MAIN STREET UNIT 604 SARASOTA, FL 34236		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
State 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMIREZ, LUIS E 1350 MAIN STREET UNIT 604 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORELLA GONZALEZ 5180 NW 7 ST SUITE 401 MIAMI FLORIDA 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUIS RAMIREZ GONZALEZ 5180 NW 7 ST SUITE 401 MIAMI FLORIDA 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: _____ **02/26/2008** **(941) 7260313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #