

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000010092

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** SERVICE BY DESIGN, LLC

**Current Principal Place of Business:**

2885 ENDICOTT CT.  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

2885 ENDICOTT CT.  
CLEARWATER, FL 33761

**New Mailing Address:**

**FEI Number:** 51-0669345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOMON, ALLEN W  
2885 ENDICOTT CT.  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

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:** MGR  
**Name:** GOMON, ALLEN W  
**Address:** 2885 ENDICOTT CT.  
**City-St-Zip:** CLEARWATER, FL 33761

**Title:** MGR  
**Name:** GEARY, LORIE A  
**Address:** 2885 ENDICOTT CT.  
**City-St-Zip:** CLEARWATER, FL 33761

I hereby 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:** LORIE GEARY

MS.

04/28/2011

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