

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079853

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** DESIGNER'S STUDIO AND WORKROOM, LLC

**Current Principal Place of Business:**

2220 J & C BOULEVARD, UNIT #4  
NAPLES, FL 34109

**New Principal Place of Business:**

2220 J & C BOULEVARD  
SUITE #4  
NAPLES, FL 34109 US

**Current Mailing Address:**

2220 J & C BOULEVARD, UNIT #4  
NAPLES, FL 34109

**New Mailing Address:**

2220 J & C BOULEVARD  
SUITE #4  
NAPLES, FL 34109 US

**FEI Number:** 59-3657653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CELANO, DEANNA  
2220 J & C BOULEVARD, UNIT #4  
NAPLES, FL 34109 US

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

CELANO, DEANNA L OWNER  
2220 J & C BOULEVARD  
SUITE #4  
NAPLES, FL 34109 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:** DEANNA CELANO

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** CELANO, DEANNA  
**Address:** 6141 CYPRESS HOLLOW WAY  
**City-St-Zip:** NAPLES, FL 34109

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** CELANO, DEANNA L OWNER  
**Address:** 6141 CYPRESS HOLLOW WAY  
**City-St-Zip:** NAPLES, FL 34109

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:** DEANNA CELANO

MM

04/28/2009

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