2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L08000082488

Entity Name: TEMPLE DESIGN LLC

Current Principal Place of Business:

2698 SE CALUSA AVE
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

2698 SE CALUSA AVE
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, MICAH J
2698 SE CALUSA AVE
PORT SAINT LUCIE, FL FL 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: MGRM ( ) Delete
Name: JONES, MICAH J
Address: 2698 SE CALUSA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: MGRM ( ) Delete
Name: JONES, HEATHER
Address: 2698 SE CALUSA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: MGRM ( ) Delete
Name: HOLT, MICHAEL
Address: 2698 SE CALUSA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICAH JONES MGRM 04/08/2009

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