

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000102518

**FILED**  
**May 01, 2009**  
**Secretary of State**

**Entity Name:** CENTER OF ATTENTION DESIGNS LLC

**Current Principal Place of Business:**

1823 NATCHEZ TRACE BLVD.  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

1823 NATCHEZ TRACE BLVD.  
ORLANDO, FL 32818

**New Mailing Address:**

**FEI Number:** 86-1123502      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BUJSKA, MARGARET  
1823 NATCHEZ TRACE BLVD.  
ORLANDO, FL 32818      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      OWNE                      ( ) Change (X) Addition  
Name:                      BUJSKA, MARGARET  
Address:                      1823 NATCHEZ TRACE BLVD.  
City-St-Zip:                      ORLANDO, FL 32818 US

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: MARGARET BUJSKA

OWNE

05/01/2009

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