

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000017444

FILED  
Mar 14, 2011  
Secretary of State

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

**Current Principal Place of Business:**

5472 NW THYER CIRCLE  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12381  
FT. PIERCE, FL 34979

**New Mailing Address:**

**FEI Number:** 27-1914045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LACIVITA, LORI K DR.  
5472 NW THYER CIRCLE  
PORT ST. LUCIE, FL 34983 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  
Name: LACIVITA, LORI K DR.  
Address: 5472 NW THYER CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: MGRM  
Name: WILL, WILSON DR.  
Address: 395 LAUREL CHASE DRIVE  
City-St-Zip: BLOWING ROCK, NC 28605

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: LORI LACIVITA

DR.

03/14/2011

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