

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