

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000095525

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** ALLURE DESIGN GROUP, LLC

**Current Principal Place of Business:**

3893 MANNIX DRIVE  
SUITE 522  
NAPLES, FL 34114

**New Principal Place of Business:**

PMB #40  
8595 COLLIER BLVD  
NAPLES, FL 34114

**Current Mailing Address:**

PMB #40 8595 COLLIER BLVD  
SUITE 107  
NAPLES, FL 34114

**New Mailing Address:**

**FEI Number:** 27-3448405      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FOX, NICOLE  
PMB #40 8595 COLLIER BLVD.  
SUITE 107  
NAPLES, FL 34114 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:** MGMR  
**Name:** ESTEP, VANESSA P  
**Address:** 2889 INLET COVE  
**City-St-Zip:** NAPLES, FL 34120

**Title:** MGMR  
**Name:** FOX, NICOLE VP  
**Address:** PMB #40 8595 COLLIER BLVD #107  
**City-St-Zip:** NAPLES, FL 34114

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: NICOLE FOX      MGRM      04/29/2011

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