

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0079904

DOCUMENT # M01000002105

1. Entity Name

CENTER DESIGNS, LLC



FILED
03 APR 25 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJK

Principal Place of Business

Mailing Address

2101 WEST S.R. 434, SUITE 105
LONGWOOD FL 32779

2101 WEST S.R. 434, SUITE 105
LONGWOOD FL 32779

2. Principal Place of Business

725 PRIMERA BOULEVARD

3. Mailing Address

POST OFFICE BOX 952798

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

City & State

City & State

LAKE MARY, FLORIDA

LAKE MARY, FLORIDA

Zip

Country

Zip

Country

32795-2798

USA

32795-2798

USA

4. FEI Number

58-2488833

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISON, WILLIAM H ESQUIRE
BALDWIN & MORRISON, P.A.
7100 SOUTH U.S. HIGHWAY 17-92
FERN PARK FL 32730

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

800017109228

04/25/03--01079--004 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ABRUZZINO, WILLIAM
PO BOX 952798
LAKE MARY FL 32795 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
WILLIAM ABRUZZINO
POST OFFICE BOX 952798
LAKE MARY, FLORIDA 32795-2798 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ABRUZZINO, REBECCA
PO BOX 952798
LAKE MARY FL 32795 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
REBECCA ABRUZZINO
POST OFFICE BOX 952798
LAKE MARY, FLORIDA 32795-2798 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/03

Date

407-333-0022

Daytime Phone #

CR2E083 (10/02)