

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90040 021 ***138.75

DOCUMENT # M05000006460

1. Entity Name
AMERICAN EAGLE DESIGN-BUILD STUDIO, LLC



Principal Place of Business
**74 CAMBRIDGE STREET
MERIDEN, CT 06450**

Mailing Address
**74 CAMBRIDGE STREET
MERIDEN, CT 06450**

60037756



2. Principal Place of Business - No P.O. Box #

200 Pratt St.

Suite, Apt. #, etc.

3. Mailing Address

7604 Technology Wy

Suite, Apt. #, etc.

Ste 300

04172008

Chg-LLC

CR2E083 (12/06)

City & State

Meriden, CT

City & State

Denver, CO

4. FEI Number

20-1243082

Applied For

Not Applicable

Zip

06450

Country

Zip

80237

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
CEI INVESTMENT CORP
200 PRATT STREET
MERIDEN, CT 06450**

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☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Salvatore Carabona

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

1-720-554-8198

4-30-08 203-639-5198

Salvatore Carabona