

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90004 039 ****50.00

DOCUMENT # M99000000076

1. Entity Name

JONATHAN BAILEY DESIGN, LLC



Principal Place of Business

1701 N. MARKET STREET, SUITE 400
DALLAS TX 75202

Mailing Address

1701 N. MARKET STREET, SUITE 400
DALLAS TX 75202



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

400 South Akard

Suite, Apt. #, etc.

400 South Akard

City & State

Dallas, TX 75202

City & State

Dallas TX

Zip

75202

Country

USA

Zip

75202

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

75-2740753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BAILEY, JONATHAN D
1005 FOREST OAKS LANE
HURST TX 76053 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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

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

Date

Daytime Phone #

2/17/06

469-227-3100