

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000054429

Entity Name: CHARLENE HIXON DESIGNS LLC

Current Principal Place of Business:

14408 PINE LAKES DR.
STRONGSVILLE , OH 44136

Current Mailing Address:

14408 PINE LAKES DR.
STRONGSVILLE , OH 44136 US

FEI Number: 46-2560593

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 US

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

Authorized Person(s) Detail :

Title MGRM
Name HIXON, CHARLENE
Address 14408 PINE LAKES DR.
City-State-Zip: STRONGSVILLE OH 44136

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLENE HIXON _____

04/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date