


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90091 015 ***138.75

DOCUMENT # L01000000453
 1. Entity Name
DESIGNERS LOGISTICS SUPPORT LLC



Principal Place of Business
**8360 CURRENCY DR
 STE 2
 WEST PALM BEACH, FL 33404**

Mailing Address
**8360 CURRENCY DR
 STE 2
 WEST PALM BEACH, FL 33404**

60004702



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01182008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent
**ARMOUR, ALAN I II
 1645 PALM BEACH LAKES BLVD.
 SUITE 1200
 WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

4. FEI Number
65-1065289
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

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 _____ (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

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCOWAN, THOMAS H	
STREET ADDRESS	1100 FLEMING WAY	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEACH, TERRY H	
STREET ADDRESS	2135 LOCKS ROAD	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCOWAN, CARRIE	
STREET ADDRESS	2129 SW LOCKS RD	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Thomas H McCowan* **1-25-08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #