

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000453

FILED
Jan 20, 2009
Secretary of State

Entity Name: DESIGNERS LOGISTICS SUPPORT LLC

Current Principal Place of Business:

8360 CURRENCY DR
STE 2
WEST PALM BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

8360 CURRENCY DR
STE 2
WEST PALM BEACH, FL 33404

New Mailing Address:

FEI Number: 65-1065289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMOUR, ALAN I II
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: MCCOWAN, THOMAS H
Address: 1100 FLEMING WAY
City-St-Zip: STUART, FL 34997

Title: P () Delete
Name: LEACH, TERRY H
Address: 2135 LOCKS ROAD
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: MCCOWAN, CARRIE
Address: 2129 SW LOCKS RD
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: THOMAS MCCOWAN P 01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date