

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000065145

**Entity Name:** DESIGNERS INK L.L.C.

**Current Principal Place of Business:**

870 NE 158 ST  
MIAMI, FL 33162

**Current Mailing Address:**

870 NE 158 ST  
MIAMI, FL 33162

**FEI Number: 46-5512041**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CASSAGNOL, MARC  
870 NE 158 ST  
MIAMI, FL 33162 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 MGR  
Name CADET, RUBENS  
Address 1761 NW 96 TERRACE  
3K  
City-State-Zip: PEMBROKE PINES FL 33024

Title MGR  
Name CASSAGNOL, MARC  
Address 870 NE 158 ST  
City-State-Zip: MIAMI FL 33162

Title MGR  
Name GARCIA, CHRISTOPHER  
Address 10740 WASHINGTON ST  
City-State-Zip: PEMBROKE PINES FL 33025

Title MGR  
Name LOUIS, STANLEY  
Address 821 NE 157TH TERRACE  
City-State-Zip: NORTH MIAMI FL 33162

Title MGR  
Name PRESIL, BRENDA  
Address 851 NE 157 TERRACE  
City-State-Zip: NORTH MIAMI FL 33162

*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: RUBENS CADET**

**MGR**

**05/01/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date