

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90271 006 ****55.00

DOCUMENT # L00000003924

1. Entity Name

DESIGNERS DEVELOPMENT, LLC



Principal Place of Business

**251 ROYAL PALM WAY
SUITE 602
PALM BEACH FL 33480**

Mailing Address

**12765 FOREST HILL BLVD
SUITE 1302
WELLINGTON FL 33414**

2. Principal Place of Business

12765 Forest Hill Boulevard

3. Mailing Address

Suite, Apt. #, etc.

Suite 1302

City & State

Wellington, Florida

Zip

33414

Country

US

Country

4. FEI Number

65-0991849

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DE MENDOZA, MARIO G III
MENDOZA AND CALLAS
251 ROYAL PALM WAY SUITE 602
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name

Mario G. de Mendoza, III, P.A.

Street Address (P.O. Box Number is Not Acceptable)

12765 Forest Hill Boulevard, Suite 1302

City

Wellington

FL

Zip Code

33414

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 the registered agent.

SIGNATURE

Mario G. de Mendoza, III, President 01/15/03

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, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BENTZ, ROBERT A**
STREET ADDRESS **1280 N CONGRESS AVENUE, SUITE 215**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Bentz, Robert A**
STREET ADDRESS **2101 Centrepark West Drive, Suite 100**
CITY-ST-ZIP **West Palm Beach, Florida 33409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

SIGNATURE Robert A. Bentz, Managing Member 01/15/03 (561) 478-8501

CR2E083 (10/02)

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