

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

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01-13-2003 90575 044 ****50.00

DOCUMENT # L02000008714

1. Entity Name

DESIGNER DISCOUNT INTERIORS, LLC



Principal Place of Business

**12001 S. CLEVELAND AVE., SUITE #4
FT. MYERS FL 34236**

Mailing Address

**12001 S. CLEVELAND AVE., SUITE #4
FT. MYERS FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3048435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIDDLEBROOKS, J. HUGH
200 SOUTH AVENUE
SARASOTA FL 34236**

Name

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

City

FL

Zip Code

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

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

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	President	Daniel F. Kotwicki	12001 S. Cleveland Ave #4		
		Ft Myers, Fl	33907	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Vice President	Stephen L. Sanford	9612 Oak Run Dr		
		Bradenton, Fl	34212	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 #

CR2E083 (10/02)