


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90027 038 \*\*\*\*50.00

DOCUMENT # L04000015517			
1. Entity Name DESIGNER ERGOGENS, LLC			
Principal Place of Business 7700 N. KENDALL DRIVE, #405 MIAMI, FL 33156		Mailing Address 7700 N. KENDALL DRIVE, #405 MIAMI, FL 33156	
2. Principal Place of Business 8660 W. FLAGLER ST Suite, Apt. #, etc. #200 City & State MIAMI FL Zip 33144 Country USA		3. Mailing Address 8660 W. FLAGLER ST Suite, Apt. #, etc. #200 City & State MIAMI FL Zip 33144 Country USA	

01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0790653 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent LEITMAN, LORN 7700 N. KENDALL DRIVE, #405 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name LORN LEITMAN Street Address (P.O. Box Number is Not Acceptable) 8660 W. FLAGLER ST, #200 City MIAMI FL Zip Code 33144	
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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITMAN, LORN 7700 N KENDALL DR #405 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8660 W. FLAGLER ST, #200 MIAMI FL 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lorn Leitman 3/16/06 206-225-5776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #