

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016693

Entity Name: QUARTZ DESIGNS, LLC

FILED  
Mar 20, 2007  
Secretary of State

## Current Principal Place of Business:

9826 SHEPARD PLACE  
WELLINGTON, FL 33414 US

## Current Mailing Address:

9826 SHEPARD PLACE  
WELLINGTON, FL 33414 US

## New Principal Place of Business:

1750 AUSTRALIAN AV.  
UNIT#5  
RIVIERA BEACH, FL 33404 US

## New Mailing Address:

1750 AUSTRALIAN AV.  
UNIT #5  
RIVIERA BEACH, FL 33404 US

FEI Number: 20-4324906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RD GLOBAL CONSULTING, INC  
200 S. BISCAYNE BLVD  
SUITE 830  
MIAMI, FL 33131 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: MGRM ( ) Delete  
Name: SCOTTI, DANIEL  
Address: 9826 SHEPARD PLACE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM ( ) Delete  
Name: BENARROCH, ALAN  
Address: 9826 SHEPARD PLACE  
City-St-Zip: WELLINGTON, FL 33414 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SCOTTI, DANIEL  
Address: 6994 HOULTON CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL SCOTTI

MGRM

03/20/2007

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