

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046868

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: DESIGNER LIGHTING SOLUTIONS, LLC

## Current Principal Place of Business:

3311 SOUTHW ANDREWS AVE.  
SUITE 15  
FT LAUDERDALE, FL 33316

## New Principal Place of Business:

3311 SOUTH ANDREWS AVE.  
SUITE 15  
FT LAUDERDALE, FL 33316

## Current Mailing Address:

3311 SOUTHW ANDREWS AVE. SUITE 15  
FT LAUDERDALE, FL 33316

## New Mailing Address:

3311 SOUTH ANDREWS AVE.  
SUITE 15  
FT LAUDERDALE, FL 33316

FEI Number: 26-0324371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CATARINEAU, JOE A ESQ  
91760 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070 US

## Name and Address of New Registered Agent:

SEITZ, DAVID  
3311 SOUTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316 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: DAVID SEITZ

04/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SEITZ, DAVID  
Address: 3311 SOUTH ANDREWS AVENUE STE 15  
City-St-Zip: FORT LAUDERDALE, FL 33316

## ADDITIONS/CHANGES:

Title: PD (X) Change ( ) Addition  
Name: SEITZ, DAVID  
Address: 3311 SOUTH ANDREWS AVENUE STE 15  
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify 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: DAVID SEITZ

PD

04/20/2009

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