

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000081045

1. Entity Name
DESIGNER LIFESTYLES "LLC"



Principal Place of Business
3213 TRAFALGAR CT
SAINT AUGUSTINE, FL 32092

Mailing Address
2220 COUNTY ROAD 210 W
STE# 108-428
SAINT JOHNS, FL 32259

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05172007

Chg-LLC

CR2E083 (12/06)

4. FEI Number
20-5406635

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

MAYER, CHRISTOPHER J
3213 TRAFALGAR CT
SAINT AUGUSTINE, FL 32092

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P/D ☐ Delete
NAME MAYER, CHRISTOPHER J
STREET ADDRESS 3213 TRAFALGAR CT
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

TITLE MGRM ☒ Change ☐ Addition
NAME MAYER, CHRISTOPHER J
STREET ADDRESS 2220 COUNTY RD 210W STE 108-428
CITY-ST-ZIP ST. JOHNS, FL 32259

TITLE VP/D ☒ Delete
NAME MAYER, CELIBETH M
STREET ADDRESS 3213 TRAFALGAR CT
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Change ☒ Addition
NAME MAYER, JONATHAN I
STREET ADDRESS 2220 COUNTY RD 210W STE 108-428
CITY-ST-ZIP ST. JOHNS, FL 32259

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Christopher J Mayer

5-17-07 904-687-6105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

2007 MAY 24 P 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

