

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092153

FILED  
Apr 25, 2011  
Secretary of State

Entity Name: DISTINCTIVE LIFESTYLE, LLC

**Current Principal Place of Business:**

1815 GRIFFIN ROAD, SUITE 404  
DANIA BEACH, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

1815 GRIFFIN ROAD, SUITE 404  
DANIA BEACH, FL 33004

**New Mailing Address:**

FEI Number: 94-3444512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR  
Name: GOMBERG, GENE  
Address: 1815 GRIFFIN ROAD, SUITE 404  
City-St-Zip: DANIA BEACH, FL 33004

Title: MGR  
Name: NATALE, MICHAEL  
Address: 1815 GRIFFIN ROAD, SUITE 404  
City-St-Zip: DANIA BEACH, FL 33004

Title: MGR  
Name: SOLIMAN, MAHMOUD  
Address: 1815 GRIFFIN ROAD, SUITE 404  
City-St-Zip: DANIA BEACH, FL 33004

Title: P  
Name: SOLIMAN, MAHMOUD  
Address: 1815 GRIFFIN ROAD, SUITE 404  
City-St-Zip: DANIA BEACH, FL 33004

Title: S  
Name: NATALE, MICHAEL  
Address: 1815 GRIFFIN ROAD, SUITE 404  
City-St-Zip: DANIA BEACH, FL 33004

Title: T  
Name: HOWLAND, EDWARD  
Address: 1815 GRIFFIN ROAD, SUITE 404  
City-St-Zip: DANIA BEACH, FL 33004

I hereby 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: MICHAEL NATALE

S

04/25/2011

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