

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000111799

Entity Name: DLYNNE DESIGNS, LLC

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7870 REFLECTION COVE DR  
# 207  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

7870 REFLECTION COVE DR  
# 207  
FT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 27-1327261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RENNIRT, JOHN K  
7870 REFLECTION COVE DR  
# 207  
FT MYERS, FL 33907 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: RENNIRT, DEBORAH LYNNE  
Address: 7870 REFLECTION COVE DR - # 207  
City-St-Zip: FT MYERS, FL 33907

Title: MGRM  
Name: RENNIRT, JOHN  
Address: 7870 REFLECTION COVE DR - # 207  
City-St-Zip: FT MYERS, FL 33907

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: DEBORAH LYNNE RENNIRT

MEMB

03/15/2010

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