

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L97000000359

Entity Name: LEE DESIGNS, LLC.

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3300 PALM AVE.  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3300 PALM AVE.  
FT. MYERS, FL 33901

**New Mailing Address:**

FEI Number: 65-0738047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSTON, MICHAEL D  
11923 CYPRESS LINKS DR.  
FORT MYERS, FL 33913 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  
Name: JOHNSTON, MICHAEL DWAYNE  
Address: 11923 CYPRESS LINKS DR  
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM  
Name: JOHNSTON, RACHEL M  
Address: 11923 CYPRESS LINKS DR.  
City-St-Zip: FT. MYERS, FL 33913

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 D JOHNSTON

PRES

03/15/2012

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