

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 28 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L99/4927

1. Entity Name

Design Benefits, LLC.

Principal Place of Business

Mailing Address

1801 Lee Rd.

3930 Brookmyra Dr.

Suite 375

Orlando, FL.

Winter Park, FL. 32789

32837

2. Principal Place of Business

3. Mailing Address

1801 Lee Rd

3930 Brookmyra Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 375

City & State

City & State

Winter Park FL

Orlando, FL.

4. FEI Number

59-3604215

Applied For

Not Applicable

Zip

Country

Zip

Country

32789

USA

32837

USA

DO NOT WRITE IN THIS SPACE

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Joseph V. Fazio

6/26/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9.

MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
Joseph V. Fazio
3930 Brookmyra Dr.
Orlando, FL. 32837

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
Joseph A. Montalbano
1321 Dawsbury Wy.
Newport Richley, FL. 34655

☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Joseph V. Fazio

6/26/00

(407) 599-6624

CR2E083 (11/99)