

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90133 004 ****50.00

DOCUMENT # L99000004927

1. Entity Name
DESIGN BENEFITS, L.L.C.

Principal Place of Business
**1164 E. OAKLAND PARK BLVD
 FT LAUDERDALE FL 33334**

Mailing Address
**9 ISLAND AVE., #410
 MIAMI BEACH FL 33139**

2. Principal Place of Business

5150 Prairie Dunes Village Cir.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Worth FL.

City & State **SAME**

Zip
33463

Country
USA

Zip

Country

4. FEI Number **59-3604215**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FAZIO, JOE
 9 ISLAND AVE., #410
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **JOE FAZIO**
 Street Address (P.O. Box Number is Not Acceptable)
5150 Prairie Dunes Village Cir.
 City **Lake Worth** **FL** **33463**

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 **Joseph V. Fazio**
 Signature, typed or printed name of registered agent and title if applicable.

Joseph V. Fazio
 (NOTE: Registered Agent signature required when reinstating)

4/17/02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **FAZIO, JOE**
 STREET ADDRESS **9 ISLAND AVE., #400**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **MGR** ☐ Delete
 NAME **MONTALBANO, JOSEPH**
 STREET ADDRESS **1321 DAWSBURY WAY**
 CITY-ST-ZIP **NEW PORT RICHEY**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR.** ☒ Change ☐ Addition
 NAME **JOE FAZIO**
 STREET ADDRESS **5150 PRAIRIE DUNES VILLAGE CIR.**
 CITY-ST-ZIP **LAKE WORTH, FL. 33463**

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

TITLE ☐ Change ☐ Addition
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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: **Joseph V. Fazio** **4/17/02** **(561) 432-7970**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0008713

CR2E083 (9/01)