

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001223

FILED
Apr 14, 2009
Secretary of State

Entity Name: PZ DESIGNS LLC

Current Principal Place of Business:

715 PINE LAKE DRIVE
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

32333 AURORA ROAD
SUITE 300
SOLON, OH 441392275

New Mailing Address:

FEI Number: 13-4247195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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 () Delete
Name: SYDELL L MILLER TRUST U/A/D 07/06/78
Address: 32333 AURORA RD., SUITE 300
City-St-Zip: SOLON, OH 44139

Title: MGRM () Delete
Name: LAUREN B SPILMAN TRUST U/A/D 07/11/89
Address: 32333 AURORA RD., SUITE 300
City-St-Zip: SOLON, OH 44139

Title: MGRM () Delete
Name: STACIE L HALPERN TRUST U/A/D 07/11/89
Address: 32333 AURORA RD., SUITE 300
City-St-Zip: SOLON, OH 44139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: STACIE L HALPERN

MGRM

04/14/2009

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