

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001223

Entity Name: PZ DESIGNS LLC

FILED  
Apr 12, 2012  
Secretary of State

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

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: STACIE L HALPERN      MGRM      04/12/2012

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