

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000081045

**Entity Name:** DESIGNER LIFESTYLES "LLC"

**Current Principal Place of Business:**

619 CASSAT AVE  
JACKSONVILLE, FL 32205-4716

**Current Mailing Address:**

2220 CNTY 210 RD W STE 108-428  
SAINT JOHNS, FL 32259-4058 US

**FEI Number:** 20-5406635

**Certificate of Status Desired:** Yes

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

MAYER, CHRISTOPHER J  
2220 CNTY 210 RD W STE 108-428  
SAINT JOHNS, FL 32259-4058 US

*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

**Authorized Person(s) Detail :**

Title	PRESIDENT	Title	VICE PRESIDENT
Name	MAYER, CHRISTOPHER J	Name	MAYER, JONATHAN I
Address	2220 CNTY 210 RD W STE 108-428	Address	2220 CNTY 210 RD W STE 108-428
City-State-Zip:	SAINT JOHNS FL 32259-4058	City-State-Zip:	SAINT JOHNS FL 32259-4058

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER J MAYER

**PRESIDENT**

**01/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date