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. 01/04/2021

SIGNATURE: CHRISTOPHER J. MAYER

City-State-Zip: SAINT JOHNS FL 32259-4058

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 S	

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.

Name and Address of Current Registered Agent	:

MAYER, CHRISTOPHER J

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

SIGNATURE:

Electronic Signature of Registered Agent

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

DOCUMENT# L06000081045

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: DESIGNER LIFESTYLES "LLC"

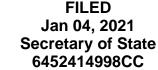
Current Principal Place of Business:

Certificate of Status Desired: Yes

2220 CNTY 210 RD W STE 108-428 City-State-Zip: SAINT JOHNS FL 32259-4058

PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail



Date