

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040067

FILED  
May 15, 2008  
Secretary of State

Entity Name: FASHION MART, LLC

**Current Principal Place of Business:**

12525 SW 72ND AVE.  
PINECREST, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

12525 SW 72ND AVE.  
PINECREST, FL 33156

**New Mailing Address:**

FEI Number: 20-8843965      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LEE, JUNG HUA  
12525 SW 72ND AVE.  
PINECREST, FL 33156      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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LEE, JUNG HUA  
Address: 12525 SW 72ND AVE.  
City-St-Zip: PINECREST, FL 33156

Title: MGR      ( ) Delete  
Name: HSIAO, SHIH YUAN  
Address: 12525 SW 72ND AVE.  
City-St-Zip: PINECREST, FL 33156

**ADDITIONS/CHANGES:**

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: JUNG HUA LEE

MGR

05/15/2008

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