

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000018423

**Entity Name:** NELASPORTSWEAR, LLC

**Current Principal Place of Business:**

16699 COLLINS AVE  
SUITE 1810  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

16699 COLLINS AVE  
SUITE 1810  
SUNNY ISLES, FL 33160

**FEI Number:** 26-4313283

**Certificate of Status Desired:** No

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

SANDERS, KIMBERLY  
16699 COLLINS AVE  
SUITE 1810  
SUNNY ISLES, FL 33160 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 MGRM  
Name TORRES SOTO, MANUELA  
Address 16699 COLLINS AVE SUITE SUITE  
1810  
City-State-Zip: SUNNY ISLES FL 33160

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MANUELA TORRES SOTO

**MANAGER MEMBER**

**04/16/2013**

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

\_\_\_\_\_  
Date