Certificate of Status Desired:	Ν
<sup>r</sup> registered agent, or both, in the State of Florida.	
04/0	07/
,	r registered agent, or both, in the State of Florida.

### 2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004541

Entity Name: ALL SOCKS HOSIERY, LLC

### **Current Principal Place of Business:**

3739 66TH AVE NE NAPLES, FL 34120

### **Current Mailing Address:**

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SIGNATURE	: JOSE ROBERTO FACUSE			04/07/2017	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGRM	Title	MGRM		
Name	FACUSE, JOSE R	Name	FACUSE, JOSE R SR.		
Address	7720 BYRON AVENUE # 4	Address	7720 BYRON AVENUE # 4		
City-State-Zip:	MIAMI BEACH FL 33141	City-State-Zip:	MIAMI BEACH FL 33141		

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: JOSE ROBERTO FACUSE

MGRM

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Apr 07, 2017 Secretary of State CC7114770853

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