## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT. # L00000000840

1. Entity Name UTC FABRICS LLC

FILED Apr 16, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1669 NW 144 TERRACE

SUITE 206

FORT LAUDERDALE, FL 33323

1669 NW 144 TERRACE SUITE 206 FORT LAUDERDALE, FL 33323



04082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1107541 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHREIBER, LAWRENCE C 1669 NW 144 TERRACE SUITE 206

FORT LAUDERDALE, FL 33323

## DO NOT WRITE IN THIS SPACE

PORTLA	JUENDALE, FL 33323		IIO OI AOL
8. The above the obliga	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in	n the State of Florida. I am familiar with, and accept
SIGNATURE.	W.		
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Fili After Ma	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		<u> 1000000900937</u>
9.	MANAGING MEMBERS/MANAGERS		04/29/08-80049-005 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHREIBER, LAWRENCE C 1669 NW 144 TERRACE, STE 206 FORT LAUDERDALE, FL 33323		
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-S1-ZIP		DO N	IOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	HIS SPACE
TITLE NAME STREET AODRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability compand or the required or fusite empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/11/08

954 845-8890

Daylime Phone ≱