SIGNATURE:

I. Entity Nan		LOGGO	UUU	30U3		-				
THE C	LOTHING	COMPANY, LLC					F	ILED		
Principal Plac	o of Business	<u> </u>		illing Address	-45			· 		
Principal Place of Business 1440 CORAL RIDGE DR., #327				Mailing Address 5			01 001	1-5 PM 12: 17		
	NGS FL 33071			DRAL SPRINGS FL 330			SECRET TALLAHA	ARY OF STATE	i 30 111 88211 30 100 11110 821	112 43100 1111 1 33 1
Principal Place of Business			3. 1	3. Mailing Address Suite, Apt. #, etc.						
Suite, Apt. #, etc.		s				DO NOT WRITE IN THIS SPACE				
City & State				City & State		4 . F		Number 5 - 0997403	→	Applied For
Zip		Country	Z	ip	Countr	у	5. Certi	ificate of Status Desired	□ \$5.00 A Fee Requi	dditional
<u></u>	6Name	and Address of Curre	nt Regist	ered Agent	<u></u>	Nama	7. Nam	e and Address of New Re	gistered Agent	
LATTKE, JOSEPH A 1440 CORAL RIDGE DR., #327 CORAL SPRINGS FL 33071						Name Street Address (P.O. Box Number is Not Acceptable)				
					-	City			FL Zip Co	ode
		/ submits this statement or printed name of registered age		applicable. (NOTI	E: Registered /	Agent signature re	quired when reinstat	or both, in the State of Flor	DATE	
IGNATURE .		or printed name of registered age	ent and title if	applicable. (NOTI FILE NO Make Gheck Pa Due By	E: Registered / OW!!! Fl nyable-to / Septem	Agent signature re	quired when reinstat 00 nt of State	-100046 -100046 -10/09/ *****	DATE 328761 0101044 0 00 *****	
IGNATURE .	Signature, typed o	or printed name of registered age	ent and title if	FILE NOTE Make Gheck Pa Due By	E: Registered / OW!!! Fl nyable to / Septem	Agent signature re EE IS \$50. Departmen	quired when reinstat 00 nt of State	ing) 	DATE 28751 01-01044 0 00 ***** CHANGES	·023 50•00
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IGNATURE .	Signature, typed of MANAC JOSE 1440	MANAGING MEMI	BERS/MA	FILE NO Make Gheck Pa Due By NAGERS	E: Registered / OW!!! Fl nyable-to / Septem 10. TITLE NAME	Agent signature re EE IS \$50. Department ber 26, 200	quired when reinstat 00 nt of State	-100046 -100046 -10/09/ *****	DATE 28751 01-01044 0 00 ***** CHANGES	·023 50•00
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