

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000011090

1. Entity Name
ALCO APPAREL LLC



Principal Place of Business
**501 E. CAMINO REAL
1414
BOCA RATON FL 33432**

Mailing Address
**501 E. CAMINO REAL
1414
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E083 (11/03)

4. FEI Number **65-1043048**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLEET, RUSSELL W
624 DUVAL ST.
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if acceptable

(NOTE: Registered Agent Fee is required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
COHEN, ALAN
300 SE FIFTH AVE., APT. 5100
BOCA RATON FL 33432**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

**U00000051027
02/16/04-80035-004 50.00**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Alan Cohen

Alan Cohen

2/10/04

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

Date

Domestic Filings