

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**FILED  
Jul 25, 2005 8:00 am  
Secretary of State**

07-25-2005 90042 047 \*\*\*\*50.00



07132005 No Chg-LLC CR2E083 (10/03)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>65-1043048  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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*

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

*7/13/05*

Date

Daytime Phone #