FROM :

PHONE NO. :

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90757 014 ****50.00

DOCUMENT # L00000011090

1. Entity Name

ALCO APPAREL LLC

30067037

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
501 E. Camino Real	501 E. Camino Real
Suite, Apt. #, etc. 1414	Suite, Apt. #, etc. 1414
City & State Boca Raton, Florida	City & State Boca Raton, Florida
Zip 33432 Country	Zip 33432 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1043046 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Russell W. Fleet

Street Address (P.O. Box Number is Not Acceptable) 624 Duval St

City Key West FL Zip Code 33040

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: Filed By DATE 5/1/03

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MANAGING MEMBER (MGRM)
NAME	ALAN COHEN
STREET ADDRESS	300 SE FIFTH AVE APT 5107
CITY-ST-ZIP	BOCA RATON, FL 33432
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CR2E083B (12/02)

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 4/30/03 212-751-9150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #