Mar 30 04 02:59p ECFS 305-

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90134 017 ****50.00

24005001

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) 2004

DOCUMENT # L01000020435

1. Entity Name

SOTTO FASHION DESING L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
427 WEST 45TH ST	427 WEST 45TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH FL	City & State: MIAMI BEACH FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 03-0373060 ☐ 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: SOTO, CLAUDIA P.

Street Address (P.O. Box Number is Not Acceptable): 427 WEST 45TH ST

City: MIAMI BEACH FL Zip Code: 33139

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.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SOTO, CLAUDIA P. 427 W 45 ST MIAM BEACH FL 33139	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BETANCOURT, MELISSA M. 8260 SW 149 CT # 208 MIAMI FL 33183	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E083B (12/01)

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: [signature] 04/22/04 786-325-2797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #