

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91003 046 ****50.00

DOCUMENT # L01000020435

1. Entity Name

SOTTO FASHION DESIGN L.L.C.



DO NOT WRITE IN THIS SPACE

30062955

2. Principal Place of Business

427 WEST 45 STREET

3. Mailing Address

427 WEST 45 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH FLORIDA

City & State

MIAMI BEACH FLORIDA

4. FEI Number

03-0373060

Applied For

Not Applicable

Zip

33139

Country

U S A

Zip

33139

Country

U S A

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SOTO, CLAUDIA P.

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

427 WEST 45 STREET

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

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

MGR

NAME

SOTO, CLAUDIA P.

STREET ADDRESS

427 WEST 45 STREET

CITY-ST-ZIP

MIAMI BEACH FL 33139

TITLE

MGR

NAME

BETANCOURT, MELISSA M.

STREET ADDRESS

8260 SW 149 CT. APT 208

CITY-ST-ZIP

MIAMI FL 33183

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Claudia P. Soto

04/23/03

786-325-2797

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

Date

Daytime Phone #

CR2E083B (12/02)