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Secretary of State

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**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000015270			
1. Entity Name ELEGANCE CHILDREN'S CLOTHING, LLC			
Principal Place of Business 13044 LOSANGELE WOODS LANE ORLANDO, FL 32824		Mailing Address 13044 LOSANGELE WOODS LANE ORLANDO, FL 32824	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		☐ CHECK HERE IF MAKING CHANGES	
		4. FEI Number 45-1540224	
		5. Certificate of Status Desired ☐ \$5.00 Add'l Fee Required	
6. Name and Address of Current Registered Agent LOISEAU, JEAN PAUL 13044 LOSANGELE WOODS LANE ORLANDO, FL 32824		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 further with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	TITLE	NAME
NAME	13044 LOSANGELE WOODS LANE	NAME	
CITY-ST-ZIP	ORLANDO, FL 32824	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
CITY-ST-ZIP		CITY-ST-ZIP	
10. ADDITIONS/CHANGES			
TITLE	NAME	TITLE	NAME
NAME		NAME	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information is correct and that this entity does not qualify for the exemption stated in Section 119.07(3)(x), 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. 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 605, Florida Statutes.			
SIGNATURE: <i>[Signature]</i> 4/22/03			