

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026543

Entity Name: SLYX FASHIONS, LLC

FILED  
Jul 21, 2005  
Secretary of State

## Current Principal Place of Business:

7138 CRAWL KEY WAY  
LAKE WORTH, FL 33467 US

## New Principal Place of Business:

14161 WELLINGTON TRC  
WELLINGTON, FL 33414 US

## Current Mailing Address:

7138 CRAWL KEY WAY  
LAKE WORTH, FL 33467 US

## New Mailing Address:

6542 HYPOLUXO RD.  
SUITE # 368  
LAKE WORTH, FL 33467 US

FEI Number: 41-2062913      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CANTOR, LOIDA A  
7138 CRAWL KEY WAY  
LAKE WORTH, FL 33467 US

## Name and Address of New Registered Agent:

CANTOR, LOIDA A  
14161 WELLINGTON TRC  
WELLINGTON, FL 33414 US

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:

07/21/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CANTOR, LOIDA A  
Address: 7138 CRAWL KEY WAY  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CANTOR, LOIDA A  
Address: 14161 WELLINGTON TRC  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LOIDA CANTOR

MGRM

07/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date