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Secretary of State
04-28-2003 91003 022 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000026543

30062979

1. Entity Name
SLYX FASHIONS, LLC

Principal Place of Business	Mailing Address
7848 SONOMA SPRINGS CIRCLE #205 LAKE WORTH, FL 33463 US	6542 HYPOLUXO ROAD SUITE 368 LAKE WORTH, FL 33467 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7138 Crawl Keyway	6542 Hypoluxo Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 368
City & State: Lake Worth, FL	City & State: Lake Worth FL
Zip: 33467 Country: U.S.	Zip: 33467 Country: U.S.

4. FEI Number: 41-2062913 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CANTOR, LOIDA A 7848 SONOMA SPRINGS CIRCLE #205 LAKE WORTH, FL 33463	Name: Loida Cantor Street Address (P.O. Box Number is Not Acceptable): 7138 Crawl Keyway City: Lake Worth FL Zip Code: 33467

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
		MGRM Loida Cantor 7138 Crawl Keyway Lake Worth, FL 33467	
	☐ Delete	MGRM Nelson and Marilyn Medina 5948 NW 56th Circle Coral Springs, FL 33071	☐ Change ☒ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E083 (10/02)

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: Loida Cantor LOIDA CANTOR, MGRM 4/25/03 5614333173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #