

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90255 041 ****50.00

DOCUMENT # L02000032907

1. Entity Name

ICBLU JEANSWEAR, LLC



Principal Place of Business

1975 E. SUNRISE BLVD
SUITE 502
FORT LAUDERDALE FL 33304
US

Mailing Address

1975 E. SUNRISE BLVD
SUITE 502
FORT LAUDERDALE FL 33304
US

2. Principal Place of Business

FT LAUDERDALE FL
Suite, Apt. #, etc.
606 (new)

3. Mailing Address

1975 EAST SUNRISE BLVD
Suite, Apt. #, etc.
#606



MOORE

CR2E083 (11/03)

City & State

FT LAUDERDALE
Zip *33304* Country *USA*

City & State

FT. LAUDERDALE
Zip *FL* Country *USA*

4. FEI Number

14-1860063

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIILKA, MARTIN 4
1975 EAST SUNRISE BLVD., #502
FT LAUDERDALE FL 33304

new site

7. Name and Address of New Registered Agent

Name *SPIILKA MARTIN J.*
Street Address (P.O. Box Number is Not Acceptable)

1975 EAST SUNRISE BLVD Suite #606

City *FT LAUDERDALE* FL Zip Code *33304*

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]

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

(NOTE: Registered Agent signature required when reinstating)

3-31-04

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME SPIILKA, MARTIN
STREET ADDRESS 1975 EAST SUNRISE BLVD., #502
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE MGR ☐ Delete
NAME WEINSTEIN, STEPHEN
STREET ADDRESS 1975 EAST SUNRISE BLVD., #502
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE MGR ☐ Delete
NAME HUANG, DA YI
STREET ADDRESS 1975 EAST SUNRISE BLVD., #502
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *Suite 606*
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *Suite 606*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

[Signature]

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

3-31-04

Date

Daytime Phone #

561-732-8581