## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

NAME OF SIGNING MANAGING MEX

## Feb 25, 2008 8:00 am Secretary of State DOCUMENT # L03000011303 1. Entity Name 02-25-2008 90133 025 \*\*\*138.75 STINGRAY EMBROIDERY LC Principal Place of Business Mailing Address 6065 NW 167-ST 6065 NW 167 ST 60010252 UNIT B14 **UNIT B14** MIAMI, FL 33015 MIAMI, FL 33015 01042008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3758325 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHOCRON, SANTOS DO NOT WRITE 6065 NW 167 ST **UNIT B14** IN THIS SPACE MIAMI, FL 33015 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS **MGRM** MLE CHOCRON, SANTOS S NAME 6065 NW 167TH ST, UNIT B14 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby cartify that the information adopting with this filing does not qualify for the exemptions contained in Chapter 119, 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 lepon as required by Chapter 608, Florida Statutes.

BER. OR AUTHORIZED REPRESENTATIVE

FILED