

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90024 005 ****50.00

DOCUMENT # L03000019522

1. Entity Name
MIRO APPAREL LLC



Principal Place of Business
**2267 N.E.164TH STREET
NORTH MIAMI BEACH, FL 33160**

Mailing Address
**2267 N.E.164TH STREET
NORTH MIAMI BEACH, FL 33160**

2. Principal Place of Business
20855 NE 16 AVE

3. Mailing Address
20855 NE 16 AVE

Suite, Apt. #, etc.
C-24

Suite, Apt. #, etc.
C-24

04192005 Chg-LLC CR2E083 (10/03)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
56-2369548

Applied For
Not Applicable

Zip
33179

Country
USA

Zip
33179

Country

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

6. Name and Address of Current Registered Agent

**COHEN, ABRAHAM
2267 N.E.164TH STREET
NORTH MIAMI BEACH, FL 33160**

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
COHEN, ABRAHAM
2267 N.E.164TH STREET
NORTH MIAMI BEACH, FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WHOL, MICHAEL
2267 N.E.164TH STREET
NORTH MIAMI BEACH, FL 33160** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ZAGA, RAFAEL
2267 N.E.164TH STREET
NORTH MIAMI BEACH, FL 33160** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PAUL ZIMMERMAN
20855 NE 16 AVE C-24
MIAMI FL 33179** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

P. ZIMMERMAN, MGR PARTNER

4/19/05

305-650-2552

Date

Daytime Phone #