


FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90592 035 ****50.00

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1. Entity Name
PKT APPAREL, LLC



Principal Place of Business
15108 BRIAR RIDGE
FORT MYERS, FL 33912

Mailing Address
45 EAST 66TH ST, APT 2E
NEW YORK, NY 10021-6102

2. Principal Place of Business
7550 BaySide Lane

3. Mailing Address

Suite; Apt. #, etc.

Suite; Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33141

Country

Zip

Country

02162005 Chg-LLC CR2E083(10/03)

4. FEI Number
83-0367095

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
FULLUM, TIMOTHY J
15108 BRIAR RIDGE
FORT MYERS, FL 33912

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7550 BaySide Lane
Miami, FL 33141

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

Date

Daytime Phone #