

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000026155

FILED
Feb 13, 2008
Secretary of State**Entity Name:** CLOTHOS, LLC**Current Principal Place of Business:**105 NE 121 TERRACE
NORTH MIAMI BEACH, FL 33161**New Principal Place of Business:**190 NE 199 ST
204
NORTH MIAMI BEACH, FL 33161**Current Mailing Address:**105 NE 121 TERRACE
NORTH MIAMI BEACH, FL 33161**New Mailing Address:**190 NE 199 ST
204
NORTH MIAMI BEACH, FL 33161**FEI Number:** 20-0100852**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FARRA, MIGUEL G ESQ
MORRISON, BROWN, ARGIZ & COMPANY, LLP
1001 BRICKELL BAY DR, STE 900
CORAL GABLES, FL 33131 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:_____
Electronic Signature of Registered Agent_____
Date**MANAGING MEMBERS/MANAGERS:****Title:** MGRM () Delete
Name: ALEXIS, ALEXTE
Address: 190 IVES DAIRY RD STE 204
City-St-Zip: MIAMI, FL 33179**Title:** MGR () Delete
Name: NAZAIRE, MARIE J
Address: 105 NE 121 TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33161**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALEXTE ALEXIS

MGRM

02/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date