

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000043212

1. Entity Name
SJS APPAREL, LLC



Principal Place of Business
2110 N.W. 95TH AVENUE
MIAMI, FL 33172

Mailing Address
2110 N.W. 95TH AVENUE
MIAMI, FL 33172



04242006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-0425869

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHAH, SWAPNIL
2110 N.W. 95TH AVENUE
MIAMI, FL 33172

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IN THIS SPACE**

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, 2006**

U00000542545
05/10/06-80098-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SHAH, SWAPNIL
STREET ADDRESS 2110 N.W. 95TH AVENUE
CITY-ST-ZIP MIAMI, FL 33172

TITLE MGR
NAME SHAH, SHAIL
STREET ADDRESS 2110 N.W. 95TH AVENUE
CITY-ST-ZIP MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied 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 report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/24/06 (305) 572-2712
Date Daytime Phone #