

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001331

Entity Name: REMADE FOR YOU, LLC

FILED  
Jul 07, 2008  
Secretary of State

**Current Principal Place of Business:**

C/O KENNETH AVELLANET  
6716 NW 107TH WAY  
PARKLAND, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KENNETH AVELLANET  
6716 NW 107TH WAY  
PARKLAND, FL 33076

**New Mailing Address:**

FEI Number: 06-1692730      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

AVELLANET, KENNETH  
6716 NW 107TH WAY  
PARKLAND, FL 33076      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: AVELLANET, KENNETH  
Address: 6716 NW 107TH WAY  
City-St-Zip: PARKLAND, FL 33076 US

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Change (X) Addition  
Name: AVELLANET, OFELIA  
Address: 6716 NW 107TH WAY  
City-St-Zip: PARKLAND, FL 33076

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: KENNETH AVELLANET

MGRM

07/07/2008

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