

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002066

Entity Name: AIM HIGH SEWING & ALTERATIONS, LLC

FILED  
May 19, 2005  
Secretary of State

**Current Principal Place of Business:**

346 VALPARAISO PARKWAY  
VALPARAISO, FL 32580 US

**New Principal Place of Business:**

**Current Mailing Address:**

346 VALPARAISO PARKWAY  
VALPARAISO, FL 32580 US

**New Mailing Address:**

FEI Number: 59-3775378      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:**

SANDOVAL, DELIA B  
400 CRYSTAL LANE  
NICEVILLE, FL 32578 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SANDOVAL, DELIA B  
Address: 400 CRYSTAL LANE  
City-St-Zip: NICEVILLE, FL 32578 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Delete  
Name: PHROMMANOJ, RACHADAPORN  
Address: 811 PINEDALE ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

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 Section 119.07(3)(i), 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: DELIA B. SANDOVAL

MGRM

05/19/2005

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