


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90018 006 ***143.75

DOCUMENT # L04000011816	
1. Entity Name STYLELIFE DISTRIBUTION, LLC	

Principal Place of Business 18252 NW 7TH STREET PEMBROKE PINES, FL 33029	Mailing Address 14000 N. 94TH STREET 1159 SCOTTSDALE, AZ 85260
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2. Principal Place of Business - No P.O. Box # 1153 SW 138th place	3. Mailing Address 15225 N. 100th ST
Suite, Apt. #, etc. Miami	Suite, Apt. #, etc. Apt. 2215

City & State Miami, FL	City & State Scottsdale, AZ
Zip 33184	Zip 85260
Country USA	Country USA



04202008 Chg-LLC CR2E083 (12/06)

4. FEI Number 90-0143064	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALEZ, LILIANA M 18252 NW 7TH STREET PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent Name Liliana M. Gonzalez Street Address (P.O. Box Number is Not Acceptable) 1153 SW 138th place City Miami FL Zip Code 33184

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 <u>Liliana Gonzalez</u> DATE <u>04/18/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, LILIANA M 18252 NW 7TH STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, LILIANA M 18252 NW 7TH STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <u>Liliana Gonzalez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>04/18/08</u> <small>Date</small>	Daytime Phone # <u>480-7518880</u> <small>Daytime Phone #</small>
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