2005 LIMITED LIABILITY COMPANY

Apr 04, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000016672** 04-04-2005 90424 013 ****50.00 1. Entity Name LOFT STYLE, LLC Principal Place of Business Mailing Address 1300 BRICKELL AVENUE 1300 BRICKELL AVENUE MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 Chg-LLC CR2E083 (10/03) 4. FEI Number City & State City & State Applied For 20-182504 Not Applicable Zip Zin Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANCHEZ, MILAGROS A Street Address (P.O. Box Number is Not Acceptable) 1300 BRICKELL AVENUE MIAMI, FL 33131 City Zip Code 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 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, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGR TITLE Change ☐ Addition FORTUNE INTERNATIONAL MANAGEMENT INC. NAME NAME STREET ADDRESS 1300 BRICKELL AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. 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 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME O IKING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

☐ Delete

305.*351.1000*

FILED

☐ Change

☐ Addition