

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041380

Entity Name: DADDY'S CLOSET, LLC

FILED  
Apr 26, 2005  
Secretary of State

## Current Principal Place of Business:

17039 42ND ROAD  
N. LOXAHATCHEE, FL 33470

## New Principal Place of Business:

2424 WILTON DR.  
WILTON MANORS, FL 33305

## Current Mailing Address:

17039 42ND ROAD  
N. LOXAHATCHEE, FL 33470

## New Mailing Address:

2424 WILTON DR.  
WILTON MANORS, FL 33305

FEI Number: 20-1214584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLACK, WILLIAM R ESQ  
2691 E. OAKLAND PARK BLVD. STE. 402  
FT. LAUDERDALE, FL 33306 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: TELLA, VICTOR  
Address: 17039 42ND ROAD  
City-St-Zip: N. LOXAHATCHEE, FL 33470

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

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

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: TELLA, VICTOR  
Address: 2424 WILTON DR.  
City-St-Zip: WILTON MANORS, FL 33305

Title: MGRM ( ) Change (X) Addition  
Name: WEAL, JOHN  
Address: 1437 NW 1ST AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: MGRM ( ) Change (X) Addition  
Name: FALCONE, MARA  
Address: 17039 42ND RD, NO  
City-St-Zip: LOXAHATCHEE, FL 33479

I hereby certify that the information supplied with this filing does not qualify for the 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: IRA ALTCHER

CPA

04/26/2005

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