

APR. 26. 2006 4:19 PM

NO. 060 P. 6

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LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000081402

1. Entity Name
FOUR SEASONS APPAREL, LLC

FILED

06 MAY 11 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
103 NORTH MERIDIAN STREET
TALLAHASSEE, FL 32301Mailing Address
103 NORTH MERIDIAN STREET
TALLAHASSEE, FL 323012. Principal Place of Business
515 E. Park Avenue
Suite, Apt. #, etc.3. Mailing Address
515 E. Park Avenue
Suite, Apt. #, etc.

04252006 Chg-LLC CR2E083 (11/05)

City & State
Tallahassee, FL
Zip
32301
CountryCity & State
Tallahassee, FL
Zip
32301
Country4. FEI Number
61-1478693
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

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 the obligations of registered agent.

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, 2006Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WEINER, BARBARA D
ONE S.E. THIRD AVE, STE 1940
MIAMI, FL 33131 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Weiner, Barbara D Work
16079 Newport Lake Circle
Boca Raton, FL 33496 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100075547761
05/31/06--01010--018 **300.00 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #