

APR. 26. 2006 4:10 PM

NO. 060 P. 5

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LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000081403

1. Entity Name
ALL SEASONS GARMENTS, 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 32301

2. Principal Place of Business

515 E. Park Avenue

3. Mailing Address

515 E. Park Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252006

Chg-LLC

CR2E083 (11/05)

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

61-1478688

Applied For

Not Applicable

Zip

32301

Country

Zip

32301

Country

5. 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 relinquishing)

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-STATE-ZIP	Delete
MGR	WEINER, BARBARA D	1 SE 3RD AVE STE 1940	MIAMI, FL 33131	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Delete
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
MGR	Weiner, Barbara Dwork	6079 Newport Lake Circle	Boca Raton, FL 33496	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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: Barbara Dwork-Weiner

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

4/27/06

Date

Daytime Phone #