ANNUAL REPORT (AR)

FILED Feb 13, 2007 08:00 AM Secretary of State DOCUMENT # L04000083317 PINELANDS ARTWEAR, LLC Principal Place of Business Mailing Address 7011 S.W. 6TH PLACE, APT. F P.O. BOX 141976 GAINESVILLE FL 32614-1976 GAINESVILLE FL 32607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-1928455 Not Applicable Zin Country Zip 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 DOCKENDORF, LOUISE M Street Address (P.O. Box Number is Not Acceptable) 7011 S.W. 6TH PLACE, APT. F GAINESVILLE FL 32607 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 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 0114 ☐ Defete HHE Change ■ Addition MGRM U00000634562 NAME DOCKENDORF, LOUISE M. 02/22/07-80015-020 50.00 STREET ADDRESS STREET ADDRESS 7011 SW 6TH PL. # F CITY-S1-ZIP **GAINESVILLE FL 32607** CHY-ST-ZIP ☐ Delcle ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-7P Defete THE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CRY-SL-ZiP CHY-ST-ZIP ☐ Delete THUE Change Addition NAME: NAME STREET AODRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-7P THE Delete ши ☐ Change Addition NAME NAME STRUCT ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP HHLE ☐ Delete HTLE ☐ Change ■ Addition NAME NAME. STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

CHY-ST-ZIP

CHY-S1-7IP