50.00

LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000013765

1. Entity Name
Verses Athletic Apparel Ltd. Co.

FILED
07 MAY -4 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E083B (8/05)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1931 Welby Way	Same
Suite, Apt. #, etc.: Suite 5	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State
Zip: 32308 Country: USA	Zip Country

4. FEI Number: 20-2309569 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Angela Moss Poole LLC

Street Address (P.O. Box Number is Not Acceptable): 1931 Welby Way

Suite 5

City: Tallahassee FL Zip Code: 32308

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: Angela M. Poole 5-1-07

Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Managing Member
NAME	Edward Thomas
STREET ADDRESS	5714 Tower Road
CITY-ST-ZIP	Tallahassee FL 32303
TITLE	Managing Member
NAME	Dion Christine Holdings LLC
STREET ADDRESS	1931 Welby Way, Suite 5
CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	
NAME	
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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.

SIGNATURE: Angela M. Poole 5-1-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #