2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000019382

1. Entity Name
APPAREL EXPRESSIONS, LLC

Principal Place of Business	Mailing Address
209-B LANG RD FT WALTON BEACH, FL 32547	PO BOX 487 FT WALTON BEACH, FL 32549

DO NOT WRITE IN THIS SPACE

04092008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
52-2452265	Not Applicable

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

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6. Name and Address of Current Registered Agent

WILDER, JIM
102 OAKHILL AVE
FT WALTON BEACH, FL 32547

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IN THIS SPACE

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BERGLUND, SARAH J
STREET ADDRESS	209-B LANG RD
CITY-ST-ZIP	FT WALTON BEACH, FL 32547

TITLE	
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05/29/08-80070-004 138.75

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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: X _Jill Berglund_   X 4/30/08 X 850-314-0100

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