2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOTAWRITE INSTAIS SPACE

DOCUMENT # L05000038622

1. Entity Name MICHELS BEACHWEAR LLC



FILED
Jan 28, 2008 08:00 A
Secretary of State

Principal Place of Business

DAYTONA BEACH, FL 32118

6 NORTH OCEAN AVENUE

Mailing Address

88 SOUTH HALIFAX DRIVE ORMOND BEACH, FL 32176



01122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2729503

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HANNA, ELENA 88 SOUTH HALIFAX DRIVE ORMOND BEACH, FL 32176



DO NOT WRITE IN THIS SPACE

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 U00000800630 N1/31/08-80024-023 138.75

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE HANNA, MICHEL NAME 88 SOUTH HALIFAX DRIVE STREET ADDRESS ORMOND BEACH, FL 32176 CITY-ST-ZIP **MGRM** TITLE HANNA, ELENA NAME STREET ADDRESS 88 SOUTH HALIFAX DRIVE ORMOND BEACH, FL 32176 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRI CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 BIGING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1125/08

<u>386) 673-65</u>85

Daytime Phone #