

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 22, 2006 8:00 am
Secretary of State

07-11-2006 90120 010 ****55.00

DOCUMENT # L05000049510 1. Entry Name DRESS YOU UP FOR LESS LLC																																																																	
Principal Place of Business 9TH AVENUE NW LAKE WORTH, FL 33460 US			Mailing Address 1726 17TH AVENUE LAKE WORTH, FL 33460 US																																																														
2. Principal Place of Business 2686 MILLITARY TR Suite, Apt. #, etc.			3. Mailing Address 1726 17TH AVENUE Suite, Apt. #, etc.																																																														
City & State WEST PALM BEACH		City & State LAKE WORTH FL		4. FEI Number 20-2865245																																																													
Zip 33409		Zip 33460		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																																													
6. Name and Address of Current Registered Agent STEWART, ANGELA A 501 N BOKER HWY LAKE WORTH, FL 33460				7. Name and Address of New Registered Agent Name: ANGELA STEWART Street Address (P.O. Box Number is Not Acceptable): 1726 17TH AVE N City: LAKE WORTH FL Zip Code: 33460																																																													
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. It certifies with, and accepts the obligations of registered agent.																																																																	
SIGNATURE _____ Signature: typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when submitting)																																																																	
Filing Fee is \$50.00 Due by September 8, 2006		State check payable to Florida Department of State																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">8. MANAGING MEMBERS / MANAGERS</th> <th colspan="3">9. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td></td> <td>MGR STEWART, ANGELA A 501 N BOKER HWY STE 4 LAKE WORTH, FL 33460</td> <td>☐ Delete</td> <td></td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>MGR WAYNE STEWART 1726 17TH AVE N LAKE WORTH FL 33460</td> <td>☐ Delete</td> <td></td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>MGR STEWART, ANGELA A 1726 17TH AVE N LAKE WORTH FL 33460</td> <td>☐ Delete</td> <td></td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td>☐ Delete</td> <td></td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td>☐ Delete</td> <td></td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td>☐ Delete</td> <td></td> <td></td> <td>☐ Change ☐ Addition</td> </tr> </tbody> </table>						8. MANAGING MEMBERS / MANAGERS			9. ADDITIONS / CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS		CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP			MGR STEWART, ANGELA A 501 N BOKER HWY STE 4 LAKE WORTH, FL 33460	☐ Delete			☐ Change ☐ Addition		MGR WAYNE STEWART 1726 17TH AVE N LAKE WORTH FL 33460	☐ Delete			☐ Change ☐ Addition		MGR STEWART, ANGELA A 1726 17TH AVE N LAKE WORTH FL 33460	☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition
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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 609, Florida Statutes.																																																																	
SIGNATURE: <u>Wayne Stewart</u> WAYNE STEWART 7.5.06 (561) 683-2435 SIGNATURE AND PRINTED NAME OF SIGNING MEMBER, SECRETARY, REGISTERED OR AUTHORIZED REPRESENTATIVE																																																																	



20-2865245