

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050121

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: ANITA'S PLACE FOR BELTS, LLC

**Current Principal Place of Business:**

2900 W SAMPLE RD  
BOOTH 1509 BOURBON  
POMPAÑO BEACH, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

2900 W SAMPLE RD  
BOOTH 1509 BOURBON  
POMPAÑO BEACH, FL 33065

**New Mailing Address:**

FEI Number: 20-5011740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVINE, JAN  
2900 W SAMPLE RD  
BOOTH 1509 BOURBON  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEVINE, JAN  
Address: 10930 CYPRESS RUN CIRCLE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM ( ) Delete  
Name: LEVINE, ANA  
Address: 10930 CYPRESS RUN CIRCLE  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEVINE, JAN  
Address: 870 CORAL RIDGE DRIVE #101  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM (X) Change ( ) Addition  
Name: MEJIA, ANA  
Address: 870 CORAL RIDGE DRIVE #101  
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANA MEJIA

MGRM

04/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date