2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Apr 07, 2006 8:00 am
Secretary of State
03-29-2006 90023 041 ****50.00

DOCUMENT # L05000074201

1. Entity Name

SHACKED BOARDWEAR, L.L.C.

Principal Place of Business	Mailing Address
5007 BIMINI DRIVE BRADENTON FL ~~34214~~ 34210	5007 BIMINI DRIVE BRADENTON FL ~~34214~~ 34210

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mail Address
5007 Bimini Dr	5007 Bimini Dr
Suite, #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State: Bradenton, FL
Zip: 34210 Country: US	Zip: 34210 Country: US

4. FEI Number: 592 82 0155 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLAYTON, ALLAN B JR
5007 BIMINI DRIVE
BRADENTON FL ~~34214~~ 34210

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Allan B. Clayton JR 5007 Bimini Drive Bradenton, FL 34210 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] Allan B. Clayton Jr. 03/21/06 941-807-0874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #