

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103133

FILED  
Sep 05, 2008  
Secretary of State

**Entity Name:** ONE MAN CLOTHING CONCEPTS, LLC

**Current Principal Place of Business:**

801 S.W. 8TH ST  
HALLANDALE, FL 33009

**New Principal Place of Business:**

3110 SW 36TH AVE  
WEST PARK, FL 33023 US

**Current Mailing Address:**

801 S.W. 8TH ST  
HALLANDALE, FL 33009

**New Mailing Address:**

3110 SW 36TH AVE  
WEST PARK, FL 33023 US

**FEI Number:** 20-3787647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

PRICE, CHARLTON  
801 S.W. 8TH ST.  
HALLANDALE, FL 33009 US

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

PRICE, CHARLTON  
3110 SW 36TH AVE  
WEST PARK, FL 33023 US

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:

09/05/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: PRICE, CHARLTON T  
Address: 801 S.W. 8TH ST.  
City-St-Zip: HALLANDALE, FL 33009 US

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: PRICE, CHARLTON T  
Address: 3110 SW 36TH AVE  
City-St-Zip: WEST PARK, FL 33023 US

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: CHARLTON T. PRICE

P

09/05/2008

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