2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000109182

1. Entity Name

CLOTHES SUDAMERICA, LLC



FILED Mar 07, 2008 08:00 Al Secretary of State

Principal Place of Business 1747 ADAMS ST #E HOLLYWOOD, FL 33020 Mailing Address 1747 ADAMS ST #E HOLLYWOOD, FL 33020



02262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 13-4320862 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSTAMANTE, VERONICA 1747 ADAMS ST #E HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

	a named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the s	State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	BUSTAMANTE, VERONICA			
STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL 33020			
TITLE	MGRM			
NAME	TABORDA, JORGE		Hannanochbae	
STREET ADDRESS	1747 ADAMS ST #E	ng.	U00000850286 /21/08-80057-019 138.75	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		51/00 00001 013 100:12	
TITLE		· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS				
CITY-ST-ZIP		I DO NO	T WRITE	
TITLE			· · · · · · · · · · · · · · · · · · ·	
NAME	1	I IN IHI	S SPACE	
STREET ADDRESS				
CITY-ST-ZIP			**	
TITLE		A STATE OF THE STA	•	
NAME				
STREET ADDRESS			*	
CITY-ST-ZIP		86. 10. 20. 10.		

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 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/1/2008

786-402-9844

Daytime Phone #