

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115211

Entity Name: WHAT 2 WEAR, LLC

FILED
May 15, 2007
Secretary of State

Current Principal Place of Business:

231 DEL PRADO BLVD. S.
CAPE CORAL, FL 33990 US

New Principal Place of Business:

231 DEL PRADO BLVD. S.
#3
CAPE CORAL, FL 33990 US

Current Mailing Address:

231 DEL PRADO BLVD. S.
CAPE CORAL, FL 33990 US

New Mailing Address:

231 DEL PRADO BLVD. S.
#3
CAPE CORAL, FL 33990 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEBERLING, BEVERLY
Address: 231 DEL PRADO BLVD. S.
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGRM () Delete
Name: SCHMITT, MARTHA M
Address: 231 DEL PRADO BLVD. S.
City-St-Zip: CAPE CORAL, FL 33990 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BEVERLY HEBERLING

OWNE

05/15/2007

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