FILED May 25, 2007 8:00 am Secretary of State

04-30-2007 90071 028 ****50 00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0600001346 1. Entity Name CLOTHES2U, L.L.C.							7 90071 028 ***	**50.00
Principal Place of Business 6453 WEST ROGERS CIRCLE, UNIT N-4 BOCA RATON, FL 33487 Mailing Address 6453 WEST ROGERS CIRCLE, UNIT N-4 BOCA RATON, FL 33487				NIT N-4		300	ORRRT	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2501 5 CCSQV W.								
Suite, Apt. #15	*, etc. 34	Suite, Apr. #, etc.			02192007	Chg-LLC	CR2E083 (12/06)	
Hollywood F!		City & Sifeto # 6534			4. FEI Numb	<u>562938</u>	N	oplied For lot Applicable
33019 COUNTY SA		^{Zip} 33019	Count	ÜSA	5. Certificati	e of Status Desired	S5.00 Ad	iditional ad
6. Name and Address of Current Registered Agent Name					7. Name an	d Address of New R	egistered Agent	
ROSENTHAL, MARC 2501 S. OCEAN DRIVE, APT. 1534 HOLLYWOOD, FL 33019				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
]				City			Žip Coo	te
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 types or private name of registered agent and the 4 applicable. (NOTE: Registered Agent appealure required when namealating) DATE								
F	lling Fee is \$50.00 ue by May 1, 2007				ł	e check payable to Department of Stat	te .	
9.	MANAGING MEMBE		10.	· · · · · · · · ·		ADDITIONS/	CHANGES	
NAME STREET ADDRESS CITY-ST-ZIP	MARC ROSENTHAL 259.5. OCEAN PC. 5			1			☐ Change	Addition
TITLE	HEIN WOOD PT- 32	□ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS CITY-S1-ZIP				E et address - St- Zip				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition)
ITTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	THTLE MAME STRE				☐ Change	Addition
INTLE MAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE MAME STRE				Change	Addition
indicated	certify that the information supplied with the on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have empowered to execute this	the same	legal effect as if r	made under oat ster 608, Florida	h; that I am a manag Statutes.	rther certify that the info ing member or manage	er of the