


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90030 015 ****55.00

DOCUMENT # L06000020146	
1. Entity Name A1A CHEF APPAREL, LLC	

Principal Place of Business 1170 N. FEDERAL HWY 803 FORT LAUDERDALE, FL 33304 US	Mailing Address 1170 N. FEDERAL HWY 803 FORT LAUDERDALE, FL 33304 US
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2. Principal Place of Business - No P.O. Box # 3020 NE 32ND AVE	3. Mailing Address 3020 NE 32ND AVE
Suite, Apt. #, etc. SUITE 1203	Suite, Apt. #, etc. SUITE 1203

City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
Zip 33308	Zip 33308
Country USA	Country USA

60040500



04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 13-4323455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

8. Name and Address of Current Registered Agent ROTH, DEAN MR. 1170 N. FEDERAL HWY 803 FORT LAUDERDALE, FL 33304	
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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 <i>Dean Roth, MGRM</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4/24/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTH, DEAN 1170 N. FEDERAL HWY #803 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAN ROTH 3020 NE 32 ND AVE #1203 FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Dean Roth, MGRM</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE 4/24/07 <small>Date</small>	DAYTIME PHONE 866-915-2433 <small>Daytime Phone #</small>
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