


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000032231 1. Entity Name ARTIST STRUCTURED APPAREL, LLC.		
Principal Place of Business 10263 WHISPERING FOREST, NUMBER 1310 JACKSONVILLE, FL 32257	Mailing Address 10263 WHISPERING FOREST, NUMBER 1310 JACKSONVILLE, FL 32257	



04082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0582002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDEN, CHRISTOPHER W
10263 WHISPERING FOREST, NUMBER 1310
JACKSONVILLE, FL 32257

**DO NOT WRITE
IN THIS SPACE**

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 Christopher Walden
Signature, typed or printed name of registered agent and title if applicable.

Christopher Walden
(NOTE: Registered Agent signature required when reinstating)

4/10/08
DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WALDEN, CHRISTOPHER W
STREET ADDRESS	10263 WHISPERING FOREST, NUMBER 1310
CITY-ST-ZIP	JACKSONVILLE, FL 32257

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U000000335884
05/23/08-80089-020 138.75

**DO NOT WRITE
IN THIS SPACE**

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: Christopher Walden Christopher Walden 4/10/08 904-779-6329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #