2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000086785

1. Entity Name
SEW ZONE LLC

Principal Place of Business	Mailing Address
1501 CRESCENT CIECLE	1501 CRESCENT CIRCLE
C18	C18
LAKE PARK, FL 33403 US	LAKE PARK, FL 33403 US

DO NOT WRITE IN THIS SPACE

03082008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-5506551	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

SCHINDO, CAROL M
1501 CRESCENT CIRCLE
C18
LAKE PARK, FL 33403

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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, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

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

U00000881251
04/15/08-80093-021 138.75

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9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHINDO, CAROL M
STREET ADDRESS	1501 CRESCENT CIRCLE C18
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Carol Schindo_ CAROL SCHINDO   4/2/08   (203)561-3671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #