2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90141 020 ****50.00

OCUMENT # L06000089062	
Entity Name	
OT OFF THE RACK LLC	

HOTOFF	THE RAC	KLLC								
455 NW 20Th	Principal Place of Business 455 NW 20TH STREET HOMESTEAD, FL 33030		Mailing Address 455 NW 20TH STREET HOMESTEAD, FL 33030			00V-				
2. Principal Pt	lace of Busine	ss - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01172007	Chg-LLC	CR2E(083 (12/06)	
City & State			City & State			4. FEI Numbe		 5		plied For
Ziφ		Country	Zip	Coun	try	<u> </u>	of Status Desired		\$5.00 Addi	itional
	6. Name a	and Address of Current	Registered Agent			7. Name and	Address of New R	egistered	Agent	
					Name					
VAN WAMBECK, DIANE G 455 NW 20TH STREET HOMESTEAD, FL 33030				Street Address (P.O. Box Number is Not Acceptable)						
TOMESTE	AD, I E 30					 			7-0-4	
					City			FL	Zip Code	,
 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 o	r printed name of registered agent.	and title if applicable. (NOT	E: Registere	ed Agent ingredure require	d when rematating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							payable to nent of State	- •		
9.	:	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS/	/CHANGES		
TITLE	MGRM ·		Ociete	TITE					Change	Addition
HAME Street Adoress		BECK, ROBERT H)TH STREET			EET ADORESS					
CITY-ST-ZIP		AD, FL 33030			r-ST-ZIP					
TMLE	MGRM		☐ Delete	πп	£				☐ Change	Addition
KALE	ł.	BECK, DIANE G		NAM						
STREET ADORESS City-St-Zip		OTH STREET EAD, FL 33030			EET ADORESS Y-ST-ZIP					
TILE	HOMESTE	7D, 1 E 30030	☐ Delete	TITL					Change	Addition
NAME			L., Soice	NAM						<u></u>
STREET ADDRESS					EET ADORESS					
CITY-ST-ZEP				-	Y-ST-ZIP					
TITLE			☐ Delete	TITL NAM					Change	☐ Addition
STREET ADDRESS	ŀ				EET ADORESS					
CITY-SI-ZIP				an	Y-ST-ZIP					
TILE	ſ		☐ Delete	пл	į				☐ Change	Addition
STREET ADDRESS				NAM STR	ME MEET ADORESS					
CITY-ST-ZIP					Y-ST-ZIP					
TITLE			☐ Delete	тп	LE				☐ Change	Addition
NAME				MAS					•	
STREET ADORESS City-St-ZP					REET ADORESS Y-ST-ZIP					
11 Lhereby	certify that the	information supplied wif	h this filing does not qualify fo	or the exe	emotions contained	d in Chaoter 119.	Florida Statutes, I f	urther certi	ify that the info	rmation
11. I hereby certify that the information supplied with this fitting 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 808, Florida Statutes.										
SIGNATURE: 11-11-11 1/2014 1/23/2007 305-247-0973										
SIGNAT	TURE:	Throne J.	7 V- Wen	<u> </u>		11/2/1	WUI ,	<u> 300</u>	Onema Phone 8	<u> </u>