(Requestor's Name)					
(Address)					
(Address)					
( (4.4.7.5.5)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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A. LUNT

FEB - 7 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			
CUDICOT			
SUBJECT: (Name of Lin	nited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
	TAS ?		
(Name of Person)	SECRE		
	<b>⊅</b> ⊖ <b>3</b>		
Prime Apparel LLC	-4 P SSEE. FL		
(Firm/Company)	THE TO THE		
76 Forest Circle	1: 2 ORID		
(Address)			
Hollywood Florida 33026-1109			
(City/State and Zip Code)			
For further information concerning this matter,	please call:		
Fidias F Flaquer	nt (954 ) 704-3738		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following:	amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of liability company submits the agent, or both, in the State of	ie following stateme	5 or 608.508, Florida ent in order to change	Statutes, the its registere	undersigned limited d office or registered		
1. The name of the limited li	iability company is:	PRIME APPAREL LLC				
2. The mailing address of the	e limited liability co	ompany is: 76 Forest C	Circle			
HOLLYWOOD FLORIDA 330	026	Document # LO6000	0117708			
12/11/2006						
3. Date of filing/registration	in Florida	4. Docui	ment number			
5. The name of the registered Florida Department of Star		stered office address as	s shown on th	e records of the		
•	piegel & Utrera					
18	840 NW 22nd Stree		TAL IAL	2008		
B. 41	iomi El 221 <i>1E</i>	Address	CRI LAI			
<u>IVII</u>	liami Fl 33145 City.	State and Zip	NA SYL			
6. The name and address of the new registered agent and/or office:						
. <u>Fi</u>	dias F Flaquer		rmi co			
<u>76</u>	Forest Circle	Name	ORIDA	27		
Florida street address (P.O. Box NOT acceptable)						
Ho	ollywood	FL 33026-1109		·		
-	City, S	State and Zip		<del></del>		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.						
(Signature of a member or authorized Fernando Flaquer  (Printed or typed name of signee)	I representative of a memb	er)				
I hereby accept the appointne comply with the provisions of and I am familiar with and a Chapter 608. F.S. Or, if this address, I hereby confirm the	ment as registered a of all statutes relativ iccept the obligation s document is being at the limited liabili	gent and agree to act e to the proper and co is of my position as re filed to merely reflect ty company has been r	in this capaci mplete perfor gistered agen a change in to notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.		
(Signature of Registered Agent)  Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  FILING FEE: \$25.00						
INHS18 (8/05)						