## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000070303

Entity Name: MEDITERRANEO RESORT WEAR, LLC

18111 N.W. 68 AVENUE, #I-206

Address:

City-St-Zip: MIAMI, FL 33015

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
18111 N.W. 68 AVENUE, #I-206 MIAMI, FL 33015			18111 N.W. 68 AVENUE I-206 MIAMI, FL 33015	
Current Mailing Address:			New Mailing Address:	
18111 N.W. 68 AVENUE, #I-206 MIAMI, FL 33015			18111 N.W. 68 AVENUE I-206 MIAMI, FL 33015	
FEI Number	r: <b>22-</b> 3966079	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1840 SW : 4TH FLOO		Α.		
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registe	ered office or registered agent, or both
SIGNATU	RE:			
Electronic Signature of Registered Age			ent Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	DRAPER, ANG	AVENUE, #I-206	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ANDUJAR, IRIS	AVENUE, #I-206	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	DRAPER, ANG	AVENUE, #I-206	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	T ( ANDUJAR, IRIS	) Delete	Title: Name:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: ANGELA A. DRAPER MS. 04/16/2009