

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071016

FILED
Apr 22, 2008
Secretary of State

Entity Name: MAINGATE EMBROIDERY PLUS, LLC

Current Principal Place of Business:

3020 SW BRIDGE STREET
PORT ST LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

3020 SW BRIDGE STREET
PORT ST LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 26-0587103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD.
SUITE 101
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BATT, KENNETH R JR.
Address: 3020 SW BRIDGE STREET
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: MGRM () Delete
Name: BATT, TERESA V
Address: 3020 SW BRIDGE STREET
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: MGRM () Delete
Name: BATT, DEREK M
Address: 3020 SW BRIDGE STREET
City-St-Zip: PORT ST LUCIE, FL 34953 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TERESA V BATT

MGMR

04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date