2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 26, 2008
Secretary of State

DOCUMENT# L07000085441

Entity Name: HOTSOBESTYLES, LLC

Current Principal Place of Business:

2901 CLINT MOORE RD.
SUITE 272
BOCA RATON, FL 33496 US

New Principal Place of Business:

10001 NW 50TH ST
W-2
SUNRISE, FL 33351 US

Current Mailing Address:

2901 CLINT MOORE RD.
SUITE 272
BOCA RATON, FL 33496 US

New Mailing Address:

10001 NW 50TH ST
W-2
SUNRISE, FL 33351 US

FEI Number: 26-0621806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GARDNER, LAUREN M
2901 CLINT MOORE RD.
SUITE 272
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

GARDNER, LAUREN M
10001 NW 50TH ST
W2
SUNRISE, FL 33351 US

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: LAUREN GARDNER 08/26/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GARDNER, LAUREN M
Address: 2901 CLINT MOORE RD., SUITE 272
City-St-Zip: BOCA RATON, FL 33496 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GARDNER, LAUREN M
Address: 10001 NW 50TH ST #W2
City-St-Zip: SUNRISE, FL 33351 US

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: LAUREN GARDNER MGRM 08/26/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date