

207000-102954

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000097735 3)))



H090000977353ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FRESE HANSEN
Account Number : I20000000258
Phone : (321) 984-3300
Fax Number : (321) 951-3741

FILED
09 APR 22 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
09 APR 22 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

VILLON CLOTHING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$377.50

- \$100.00
= 277.50

Electronic Filing Menu

Corporate Filing Menu

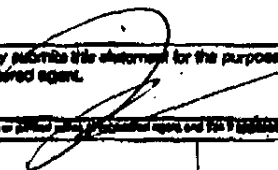
D. BRUCE

APR 23 2009

EXAMINER

H09000097735

**2009 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # L07000102954			
1. Entity Name VILLON CLOTHING, LLC			
Principal Place of Business 140 ALBATROSS DR. SATELLITE BEACH, FL 32937		Mailing Address 140 ALBATROSS DR. SATELLITE BEACH, FL 32937	
2. Principal Place of Business - No P.O. Box c/o Askar Capital, Inc.		3. Mailing Address c/o Askar Capital, Inc.	
Suite, Apt. #, etc. 1490 Highway A1A, Suite 301		Suite, Apt. #, etc. 1490 Highway A1A, Suite 301	
City & State Satellite Beach, FL		City & State Satellite Beach, FL	
Zip 32937	Country USA	Zip 32937	Country USA
4. FBI Number 26-1214896		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FREDRICKS, LOIS A 1501 R. J. CONLAN BLVD 170 PALM BAY, FL 32905		7. Name and Address of New Registered Agent J. Patrick Anderson Street Address (P.O. Box Number is Not Acceptable) 930 S. Harbor City Boulevard, Suite 505 City Melbourne FL 32901	
8. 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  4/22/09			
FILE NUMBER: FILE NO. 8277.50		In accordance with s. 607.183(2)(b), F.S., the limited liability company did not receive the prior notice.	
State check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUAYLON, MARK E 140 ALBATROSS DR. SATELLITE BEACH, FL 32937 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing 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 registered agent, and that I am empowered to execute this report as required by Chapter 605, Florida Statutes.			
SIGNATURE:  4/22/09		Date: 4/22/09	

FILED
 09 APR 22 AM 8:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

H09000097735