

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 AUG 19 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08182009 REIN-LLC CR2E101 (1/07)

DOCUMENT # L07000104112			
1. Entity Name TRENDS FASHIONS L.L.C.			
Principal Place of Business 1131 JAMES WAY POINCIANA, FL 34759 US		Mailing Address 1131 JAMES WAY POINCIANA, FL 34759 US	
2. Principal Place of Business - No P.O. Box # 12101 INDIAN CREEK DR		3. Mailing Address 12101 INDIAN CREEK DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KISSIMMEE, FL		City & State	
Zip 34759	Country US	Zip 34759	Country US
4. FEI Number 26-1374914		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EADDY, SHAHEIM 1131 JAMES WAY POINCIANA, FL 34759		7. Name and Address of New Registered Agent Name DOUGLAS EADDY Street Address (P.O. Box Number is Not Acceptable) 116 CIMARRON LANE City KISSIMMEE FL Zip Code 34759	
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 <u>Douglas Eaddy</u> DOUGLAS EADDY 8/18/09 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$277.50		in accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EADDY, DOUGLAS 1131 JAMES WAY POINCIANA, FL 34759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER MGR DOUGLAS EADDY 116 CIMARRON LN. KISSIMMEE, FL 34759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EADDY, SHENIDA 1131 JAMES WAY POINCIANA, FL 34759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHENIDA EADDY 116 CIMARRON LN. KISSIMMEE, FL 34759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700159737987 08/19/09--01037--011 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Shenida Eaddy</u> Shenida Eaddy		8/18/09 863-496-2284	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

C.L.