

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000109922

**FILED**  
**Aug 22, 2011**  
**Secretary of State**

**Entity Name:** REALITY LASTER CLOTHING LLC

**Current Principal Place of Business:**

18201 COLLINS AVE  
4407  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18201 COLLINS AVE BEACH  
4407  
SUNNY ISLES, FL 33160

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SOLES, FREDDIE  
18201 COLLINS AVE BEACH  
4407  
SUNNY ISLES, FL 33160 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  
Name: SILVA, NATIRA  
Address: 18201 COLLINS AVE BEACH  
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGRM  
Name: LASTER, REALITY  
Address: 18201 COLLINS AVE  
City-St-Zip: SUNNY ISLES, FL 33160

I hereby 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: NATIRA SILVA

MGRM

08/22/2011

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