2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113260

Entity Name: GODSEND CLOTHIERS, LLC

13561 ISLA VISTA DR.

JACKSONVILLE, FL 32224 US

Address:

City-St-Zip:

FILED May 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13561 ISLA VISTA DR. JACKSONVILLE, FL 32224 US **Current Mailing Address: New Mailing Address:** 13561 ISLA VISTA DR. JACKSONVILLE, FL 32224 US FEI Number: 26-1387220 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: Name and Address of New Registered Agent: NORMAN, TRAVIS 13561 ISLA VISTA DR. JACKSONVILLE, FL 32224 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete NORMAN, TRAVIS Name: Name: Address: 13561 ISLA VISTA DR. Address: City-St-Zip: JACKSONVILLE, FL 32224 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: TOWERY, AUSTIN Name: Address: 13561 ISLA VISTA DR. Address: City-St-Zip: JACKSONVILLE, FL 32224 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition NELSON, CHRIS Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: TRAVIS NORMAN MGRM 05/27/2008