

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125930

**FILED**  
**Apr 22, 2008**  
**Secretary of State**

**Entity Name:** EUROPEAN SWIMSUITS, LLC

**Current Principal Place of Business:**

11625 NW 23RD COURT  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

6299 LA COSTA DR UNIT D  
BOCA RATON, FL 33433

**Current Mailing Address:**

11625 NW 23RD COURT  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

6299 LA COSTA DR UNIT D  
BOCA RATON, FL 33433

**FEI Number:** 26-1604344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SACCHEIRO, SILVANA  
11625 NW 23RD COURT  
CORAL SPRINGS, FL 33065 US

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

SACCHEIRO, SILVANA  
6299 LA COSTA DR UNIT D  
BOCA RATON, FL 33433 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:** SILVANA SACCHIERO

04/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** SACCHIERO, SILVANA  
**Address:** 11625 NW 23RD COURT  
**City-St-Zip:** CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** SACCHIERO, SILVANA  
**Address:** 6299 LA COSTA DR UNIT D  
**City-St-Zip:** BOCA RATON, FL 33433

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:** SILVANA SACCHIERO

MGRM

04/22/2008

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