

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000033702

Entity Name: SPECSLEEVES, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

3750 GALT OCEAN DRIVE
#602
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

3750 GALT OCEAN DRIVE
#602
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 26-2250056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOUT, KATHLEEN M
3750 GALT OCEAN DRIVE
#602
FORT LAUDERDALE, FL 33308 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 () Delete
Name: STOUT, KATHLEEN M
Address: 3750 GALT OCEAN DRIVE, #602
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: MGRM () Delete
Name: O'BRIEN, HELEN M
Address: 3750 GALT OCEAN DRIVE, #602
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: MGRM () Delete
Name: GABRIELLE, ALBERT P
Address: 1073 HILLSBOROR MILE, #2N
City-St-Zip: HILLSBORO BEACH, FL 33062 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KATHLEEN STOUT

MGRM

04/23/2009

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