

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039038

FILED
Sep 14, 2009
Secretary of State

Entity Name: DEEP SOUTH CLOTHING, LLC

Current Principal Place of Business:

6615 LANIER DR
PENSACOLA, FL 32504

New Principal Place of Business:

6760 BERRYHILL ST.
MILTON, FL 32570

Current Mailing Address:

6615 LANIER DR
PENSACOLA, FL 32504

New Mailing Address:

6760 BERRYHILL ST.
MILTON, FL 32570

FEI Number: 27-0347031 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:

PFEIFFER, JOSEPH A JR
6615 LANIER DR
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

HOLT, JOSHUA T
6760 BERRYHILL ST.
MILTON, FL 32570 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: JOSHUA T. HOLT

09/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PFEIFFER, JOSEPH A JR
Address: 6615 LANIER DR
City-St-Zip: PENSACOLA, FL 32504

Title: MGR (X) Delete
Name: HOLT, JOSHUA T
Address: 6615 LANIER DR
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOLT, JOSHUA T
Address: 6760 BERRYHILL ST.
City-St-Zip: MILTON, FL 32570

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: JOSHUA T. HOLT

MGR

09/14/2009

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