

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000049402

Entity Name: LOVELESS APPAREL LLC

FILED
Oct 27, 2009
Secretary of State

Current Principal Place of Business:

1320 TWIN OAKS CIRCLE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1320 TWIN OAKS CIRCLE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 26-2626683 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:

PHILLIPS, CHRIS
1320 TWIN OAKS CIRCLE
OVIEDO, FL 32765 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: CHRIS PHILLIPS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PHILLIPS, CHRIS
Address: 1320 TWIN OAKS CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: HARDEN, AARON
Address: 4913 CHULUOTA ROAD
City-St-Zip: ORLANDO, FL 32820 US

Title: MGRM () Delete
Name: HAAS, DANNY
Address: 4518 HAYLOCK DRIVE
City-St-Zip: ORLANDO, FL 32807 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: CHRIS PHILLIPS

MGRM

10/27/2009

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