

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053025

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: ROYAL PAIN CLOTHING LLC

**Current Principal Place of Business:**

2601 SOUTH PARK ROAD  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

2601 SOUTH PARK ROAD  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 26-2927709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HAGGIAG, MAUREN  
418 HOLIDAY DRIVE  
HALLANDALE BEACH, FL 33009 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: MGR ( ) Delete  
Name: HAGGIAG, MAUREN  
Address: 418 HOLIDAY DRIVE  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGRM ( ) Delete  
Name: ANDING, WILLIAM  
Address: 10201 S.W. 142ND COURT  
City-St-Zip: MIAMI, FL 33186

Title: MGRM (X) Delete  
Name: GONZALEZ, ALEX  
Address: 2114 NORTH FLAMINGO ROAD, #215  
City-St-Zip: PEMBROKE PINES, FL 33028

**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: MAUREN HAGGIAG

MGR

04/22/2009

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