

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000053786

**FILED**  
**Sep 28, 2010**  
**Secretary of State**

**Entity Name:** EXPRESSIVE CLOTHING L.L.C.

**Current Principal Place of Business:**

277 BRECKENRIDGE CIR SE  
PALM BAY, FL 32909

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 111409  
PALM BAY, FL 329111409

**New Mailing Address:**

**FEI Number:** 11-3768088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOVE, DEREK  
277 BRECKENRIDGE CIR SE  
PALM BAY, FL 32909 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:** DEREK LOVE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** CEO  
**Name:** DANIELS, DU'SHON  
**Address:** P.O. BOX 111409  
**City-St-Zip:** PALM BAY, FL 329111409

**Title:** PRES  
**Name:** LOVE, DEREK  
**Address:** P.O. BOX 111409  
**City-St-Zip:** PALM BAY, FL 329111409

**Title:** VP  
**Name:** LOVE, SYLVIA  
**Address:** P.O. BOX 111409  
**City-St-Zip:** PALM BAY, FL 329111409

I hereby 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:** DEREK LOVE

PRES

09/28/2010

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