## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053797

3201 NE 183RD STREET, #1206

AVENTURA, FL 33160

Address:

City-St-Zip:

Entity Name: US SOLE', LLC

FILED Apr 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 18911 COLLINS AVENUE 3301 SUNNY ISLES BEACH, FL 33160 **New Mailing Address: Current Mailing Address:** 18911 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 FEI Number: 26-2728702 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LUSTIGMAN, SHAWN 18911 COLLINS AVENUE 3301 SUNNY ISLES BEACH, FL 33160 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete LUSTIGMAN, SHAWN Name: Name: Address: 18911 COLLINS AVENUE, #3301 Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: Title: MGR Title: ( ) Delete () Change () Addition Name: BAR, URI Name: Address: 3201 NE 183RD STREET. #1206 Address: City-St-Zip: AVENTURA, FL 33160 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BAR, RUTI Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: SHAWN LUSTIGMAN MGR 04/28/2009