

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000082169

Entity Name: MICHELE'S CLOSET, LLC

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

724 E EAU GALLIE BLVD  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

724 E EAU GALLIE BLVD  
INDIAN HARBOUR BEACH, BR 32937

**Current Mailing Address:**

724 E EAU GALLIE BLVD  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

724 E EAU GALLIE BLVD  
INDIAN HARBOUR BEACH, BR 32937

FEI Number: 26-4466260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ANDERSON, MICHELE  
724 E EAU GALLIE BLVD  
INDIAN HARBOUR BEACH, FL 32937 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: MGRM  
Name: ANDERSON, MICHELE  
Address: 550 IXORA DRIVE  
City-St-Zip: MELBOURNE, BR 32935

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: MICHELE ANDERSON

MGRM

04/23/2011

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