

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101826

Entity Name: RAW THREADS LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

17031 W DIXIE HWY  
N. MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

17031 W DIXIE HWY  
N. MIAMI BEACH, FL 33160

**New Mailing Address:**

FEI Number: 26-3612616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BECK, SHANNON  
3679 SPANISH OAK POINT  
DAVIE, FL 33328 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: BECK, SHANNON  
Address: 3679 SPANISH OAK POINT  
City-St-Zip: DAVIE, FL 33328

Title: MGRM ( ) Delete  
Name: SOVIERO, JULIE  
Address: 3471 SOUTHERN ORCHARD RD E  
City-St-Zip: DAVIE, FL 33328

Title: MGRM ( ) Delete  
Name: GEOFFREY, LORRIE  
Address: 285 SW 6TH AVE. UNIT D  
City-St-Zip: DELRAY BEACH, FL 33483

**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: SHANNON BECK

PRES

04/14/2009

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