

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000013498

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** SOUTHERN STYLE FASHIONS, L.L.C.

**Current Principal Place of Business:**

2854 SW 3RD TERRACE  
OKEECHOBEE, FL 349745965

**New Principal Place of Business:**

1001 S PARROTT AVE  
OKEECHOBEE, FL 34974

**Current Mailing Address:**

2854 SW 3RD TERRACE  
OKEECHOBEE, FL 349745965

**New Mailing Address:**

1001 S PARROTT AVE  
OKEECHOBEE, FL 34974

**FEI Number:** 30-0535596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLIN M. CAMERON, ESQ., P.A.  
200 N.E. FOURTH AVENUE  
OKEECHOBEE, FL 349722981 US

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

COLIN CAMERON  
200 N.E. FOURTH AVENUE  
OKEECHOBEE, FL 349722981 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: SAME BUSINESS FOR THE RA

01/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CRUM, GWENDOLYN  
Address: 1001 S PARROTT AVE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: MGRM  
Name: BURKETT, ROSA  
Address: 1001 S PARROTT AVE  
City-St-Zip: OKEECHOBEE, FL 34974

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: GWENDOLYN L CRUM

OWNE

01/26/2010

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