# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 30, 2011**
**Secretary of State**

DOCUMENT# L10000064503

**Entity Name:** CLASS CLOWNS CLOTHING, LLC

**Current Principal Place of Business:**

1019 CASTILE RD
PALM BAY, FL 32909

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 679355
ORLANDO, FL 32817

**New Mailing Address:**

1019 CASTILE RD
PALM BAY, FL 32909

**FEI Number: 27-2862789** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SARKODEE-ADOO, ROBERT
138 BRANDY CREEK 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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: SARKODEE-ADOO, MATTHEW C
Address: 138 BRANDY CREEK CIRCLE
City-St-Zip: PALM BAY, FL 32909 US

Title: MGRM
Name: CRESPO, MANUEL
Address: 1019 CASTILE RD
City-St-Zip: PALM BAY, FL 32909 US

Title: MGRM
Name: WEAVER, COLLIN
Address: 2996 WESTSIDE AVE.
City-St-Zip: PALM BAY, FL 32909 US

Title: MGRM
Name: LAWSON, TIEMAYNE
Address: 4641 EXPLOYER DR APT. 301
City-St-Zip: MELBOURNE, FL 32905

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 Statues.

SIGNATURE: MATTHEW SARKODEE-ADOO MGRM 04/30/2011

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