

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90314 025 ****50.00

DOCUMENT # L99000006578

1. Entity Name

COMPLETE APPAREL, L.L.C.



Principal Place of Business

Mailing Address

**11245 NW 131 STREET
MIAMI FL 33178**

**11245 NW 131 STREET
MIAMI FL 33178**

2. Principal Place of Business

3. Mailing Address

5150 NW 109th AVENUE

5150 NW 109th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 4

SUITE 4

City & State

City & State

SUNRISE, FL

SUNRISE, FL

Zip

Country

Zip

Country

33351

U.S.A.

33351

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, SHARON S
25400 S.W. 139 AVENUE
PRINCETON FL 33032**

Name

LAMONT + NEIMAN, P.A.

Street Address (P.O. Box Number is Not Acceptable)

ONE BISCAYNE TOWER, SUITE 3550

TWO BISCAYNE BOULEVARD

City

MIAMI

FL

Zip Code

33131

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

Jan S. Neiman, Secretary

1/15/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FEFFER, DAVID
11245 NW 131 STREET
MIAMI FL 33178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FEFFER, DAVID
5150 NW 109th AVE, SUITE 4
SUNRISE, FL 33351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/13/03

Date

954-749-3001

Daytime Phone #

CR2E083 (10/02)