

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90030 021 ****50.00

DOCUMENT # M02000001529

1. Entity Name
LITTLE ME RETAIL STORES OF ELLENTON, FLORIDA
LLC



Principal Place of Business
5447 FACTORY SHOPS BLVD., SUITE 221
ELLENTON, FL 34222

Mailing Address
12101 UPPER POTOMAC INDUSTRIAL PARK
CUMBERLAND, MD 21502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number
52-2267000

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SCHWAB, SAMUEL C
STREET ADDRESS 12101 UPPER POTOMAC INDUSTRIAL PARK
CITY-ST-ZIP CUMBERLAND, MD 21502

TITLE COB- ☐ Delete
NAME SCHWAB, SAMUEL C
STREET ADDRESS 44 WEST 77TH STREET APT 10W
CITY-ST-ZIP NEW YORK, NY 10024

TITLE P ☐ Delete
NAME LOWENBERG, MARK A
STREET ADDRESS 3 WHITE PINE TERRACE
CITY-ST-ZIP WEATOGUE, CT 06089

TITLE SVP- ☒ Delete
NAME WOLTZEN, HUGH A
STREET ADDRESS 245 E. 63RD STREET
CITY-ST-ZIP NEW YORK, NY 10021

TITLE VPS ☐ Delete
NAME SCHWAB, DOUGLAS S
STREET ADDRESS 635 MACDONALD TERRACE
CITY-ST-ZIP CUMBERLAND, MD 21502

TITLE VPF ☐ Delete
NAME STUART, RONALD W
STREET ADDRESS P.O. BOX 238
CITY-ST-ZIP DAVIS, WV 26260

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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:

Ronald W. Stuart

Ronald W. Stuart

4/26/05

301-729-4488

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

Date

Daytime Phone #