2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001529



FILED Feb 13, 2006 8:00 am Secretary of State

| LITTLE ME RETAIL STORES OF ELLENTON, FLORIDA LLC | | | | | | 02-13-2006 90190 005 ****50.00 | | | | |
|---|--|--|--|---|--|--------------------------------|---|-----------|----------------------------------|----------------------------|
| Principal Place of Business 5447 FACTORY SHOPS BLVD., SUITE 221 ELLENTON, FL 34222 Mailing Address 12101 UPPER POTOMAC INDUSTRIAL PARK CUMBERLAND, MD 21502 | | | | | | e 100112011. ssb | 85/18 1811 1864 1817 8811 | | 11 Giriù 17 01 6 8 | 10m; 115 /mm4 |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | 01262006 | Chg-LLC | CR2E08 | 3 (11/05) | | |
| City & State | | | City & State | | 4. FEI Numbe 52-226 | | | | pplied For ot Applicable | |
| Zip | Country | | Zip Country | | try | | icate of Status Desired S5.00 Additional Fee Required | | | |
| 6. Name and Address of Current R | | | egistered Agent | | 7. Name and Address of New Registered Agent | | | | | |
| | | | | | Name | | | | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | City | | | FL | Zip Code | 3 |
| The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent. | | | | | | | h, in the State of Flo | | miliar with, | and accept |
| SIGNATURE . | | or printed name of registered agent an | vi title il applicable (NOTE | - Pagistovo | d Agent signature required | | | DATE | | |
| | | an printed states of registered again to | NO SOLE IN ADDRESS OF THE PERSON NAMED IN COLUMN 1 | negisteret | n viðerir siðuramin redninga | who rensizing) | | DAIE | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | | Make check payable to Florida Department of State | | | | | |
| 9. | | MANAGING MEMBER | S/MANAGERS | 10. | | <u></u> | ADDITIONS/ | CHANGES | | |
| TITLE NAME | MGR | | | TITLE | : | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | | . SAMUEL C PER POTOMAC INDUS | ☐ Delete | NAME | | | | | | |
| | 12101 UP | SAMUEL C PER POTOMAC INDUS LAND, MD 21502 | , , , , , , , | STREE | E ET ADDRESS -ST-ZIP | | | | | , Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | 12101 UP CUMBERI COB- SCHWAB, | PER POTOMAC INDUS LAND, MD 21502 SAMUEL C | TRIAL PARK | STREE | ET ADDRESS -ST-ZIP | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE | 12101 UPI CUMBERI COB- SCHWAB, 44 WEST | PER POTOMAC INDUS LAND, MD 21502 | TRIAL PARK | STREE CITY- TITLE NAME STREE | ET ADDRESS -ST-ZIP | | | l | ☐ Change | |
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.