

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

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**



01032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960**

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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.

SIGNATURE:

Ronald W. Stuart

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

Date

Daytime Phone #