

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000001815

Entity Name: ST. JOHN APPAREL, LLC

**FILED**  
**Apr 01, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

17622 ARMSTRONG AVE  
IRVINE, CA 92614

**New Principal Place of Business:**

**Current Mailing Address:**

17522 ARMSTRONG AVENUE  
IRVINE, CA 92614

**New Mailing Address:**

FEI Number: 55-0824891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303 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: MGR ( ) Delete  
Name: ST. JOHNS KNITS INTE, RNATIONAL INC.  
Address: 17622 ARMSTRONG AVE  
City-St-Zip: IRVINE, CA 92614

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ST. JOHNS KNITS INTE, RNATIONAL, INC .  
Address: 17622 ARMSTRONG AVE  
City-St-Zip: IRVINE, CA 92614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: DANIEL J. BURKE

SEC.

04/01/2009

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