

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000106160

**Entity Name:** REMIX TEES COMPANY LLC

**Current Principal Place of Business:**

559 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33325

**Current Mailing Address:**

559 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33325 UN

**FEI Number:** 47-1229608

**Certificate of Status Desired:** No

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

GOFFE, CHRISTINA  
559 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33325 US

*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

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	GOFFE, CHRISTINA	Name	OLIVO, FRED
Address	3121 NW 109 AVE	Address	559 SAWGRASS CORPORATE PKWY
City-State-Zip:	SUNRISE FL 33351	City-State-Zip:	SUNRISE FL 33325

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTINA GOFFE

**MANAGER**

**01/09/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date