2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Mar 20, 2008 08:00 A DOCUMENT # L04000006977 **Secretary of State** BARGAIN UNIFORM L.L.C. Mailing Address Principal Place of Business 5737 N 50TH STREET 5737 N 50TH STREET TAMPA, FL 33610 US TAMPA, FL 33610 US 03172008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 37-1483105 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HILL, RICKY H DO NOT WRITE 5737 N 50TH STREET TAMPA, FL. 33610 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 reinstatung) DATE FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U000000864833 n4/ŋʔ/o8-80003-015 138.75 9. MANAGING MEMBERS/MANAGERS TITLE MGR HILL, CATHERINE R NAME STREET ADORESS 7431 ST. LUKES RD CITY-ST-ZIP LAND O' LAKES, FL 34638 MGR TITLE NAME HILL, RICKY H STREET ADDRESS 7431 ST LUKES RD CITY-ST-ZIP LAND O' LAKES, FL 34638 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 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.

ER OR AUTHORIZED REPRESENTATIVE