

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000098648

**Entity Name:** CATEGORY 5 APPAREL LLC**Current Principal Place of Business:**4955 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146**Current Mailing Address:**56 CUTLER FARM ROAD  
SUDBURY, MA 01776 US**FEI Number:** 45-3480394**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHUMAN, JASON R  
6630 SW 57TH AVE  
UNIT B327  
SOUTH MIAMI, FL 33143 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	MGRM
Name	SHUMAN, JASON R
Address	6630 SW 57TH AVE UNIT B327
City-State-Zip:	SOUTH MIAMI FL 33143

Title	MGRM
Name	KARELITZ, GREG S
Address	5 ELLEN MARY LANE
City-State-Zip:	WAYLAND MA 01778

Title	MGRM
Name	SHUMAN, JEFFREY N
Address	56 CUTLER FARM RD
City-State-Zip:	SUDBURY MA 01776

Title	MGRM
Name	SHUMAN, STEPHEN J
Address	56 CUTLER FARM RD
City-State-Zip:	SUDBURY MA 01776

Title	MGRM
Name	SHRON, NATE
Address	38 ROBERT FROST RD
City-State-Zip:	SUDBURY MA 01776

Title	MGRM
Name	ROUSSON, JULIEN
Address	185 HAYNES RD
City-State-Zip:	SUDBURY MA 01776

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JEFFREY N SHUMAN**CFO****08/08/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date