2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000033413

1. Entity Name
GENT'S FORMAL WEAR, LLC



FILED Mar 22, 2007 08:00 All Secretary of State

Principal Place of Business

Mailing Address

400 EAST WRIGHT STREET PENSACOLA, FL 32501 400 EAST WRIGHT STREET PENSACOLA, FL 32501



03072007 No Chg-LLC

CR2E083 (11/05)

فسيدسيه هارات المامية الماسية	A.C. /	$\overline{}$	
··-	41-7766043	П	Not Applicable
SPACE	4. FEI Number		Applied For
CIDATIE			

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS

CRENSHAW, RICHARD C 400 EAST-WRIGHT STREET PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

		IN I	HIS SPACE
	e named entity submits this statement for the purpose of chang tions of registered agent.	ging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signeture required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR CRENSHAW, RICHARD C 400 EAST WRIGHT STREET PENSACOLA, FL 32501		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000675378 03/30/07-80016-006 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			; ;
TITLE NAME STREET ADDRESS			

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 flability company or the receivar or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

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

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Daytime Phone #