

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90270 025 ****50.00

DOCUMENT # L04000011383

1. Entity Name

RISSE BROTHERS SCHOOL UNIFORMS, LLC



Principal Place of Business

5033 WEST GRACE STREET
TAMPA, FL 33613 US

Mailing Address

5033 WEST GRACE STREET
TAMPA, FL 33613 US



01232006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3784370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RISSE, RICHARD
5033 WEST GRACE STREET
TAMPA, FL 33613

**DO NOT WRITE
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 reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
RISSE, RICHARD
1724 ROUTE 70 EAST, UNIT B
CHERRY HILL, NJ 08003

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
RISSE, ROBERT J
1724 ROUTE 70 EAST, UNIT B
CHERRY HILL, NJ 08003

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

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

Date

Daytime Phone #