
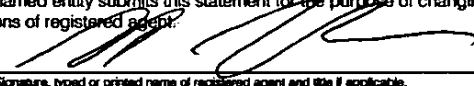



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90070 016 ***138.75

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	
2. Principal Place of Business - No P.O. Box # 5100 W. Cypress St.		3. Mailing Address 1724 Rt 70 E	
Suite, Apt. #, etc. Unit B		Suite, Apt. #, etc. Unit B	
City & State Tampa FL		City & State Cherry Hill NJ	
Zip 33607		Zip 08003	
Country USA		Country USA	
4. FEI Number 59-3784370		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RISSE, RICHARD 5033 WEST GRACE STREET TAMPA, FL 33613		7. Name and Address of New Registered Agent Name Richard Risse Street Address (P.O. Box Number is Not Acceptable) 5100 W. Cypress St. City Tampa FL Zip Code 33607	
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 		DATE 3-31-08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RISSE, RICHARD 1724 ROUTE 70 EAST, UNIT B CHERRY HILL, NJ 08003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RISSE, ROBERT J 1724 ROUTE 70 EAST, UNIT B CHERRY HILL, NJ 08003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 3-31-08 856-751-7671	
Signature, typed or printed name of signing managing member, manager, or authorized representative		Date Daytime Phone #	