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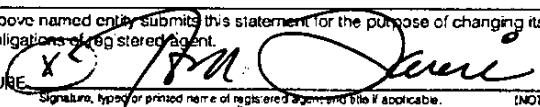
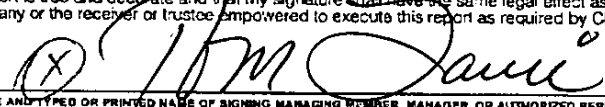
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90081 003 ****50.00

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DOCUMENT # L05000101913			
1. Entity Name TJ'S MENSWEAR, L.L.C.			
Principal Place of Business 5728 SOUTH FLORIDA AVENUE LAKE LAND, FL 33813 US		Mailing Address 703 BRANTENBURG WAY LUTZ, FL 33548 US	
2. Principal Place of Business		3. Mailing Address 5728 S. FLORIDA AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LAKE LAND FL	
Zip	Country	Zip	Country
33813	USA	33813	USA
4. FEI Number 13-4314617		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LANCI, KENNETH A 703 BRANTENBURG WAY LUTZ, FL 33548		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5728 SOUTH FLORIDA AVE City LAKE LAND FL Zip Code 33813	
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: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANCI, THOMAS J 703 BRANTENBURG WAY LUTZ, FL 33548 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5728 SOUTH FLORIDA AVENUE LAKE LAND, FL 33813 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 508, Florida Statutes.			
SIGNATURE: 		Date: 4/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	