Apr 27 06 02:37p [redacted]

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May 01, 2006 8:00 am
Secretary of State
05-01-2006 90081 003 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000101913

1. Entity Name
TJ'S MENSWEAR, L.L.C.

20041598

Principal Place of Business	Mailing Address
5728 SOUTH FLORIDA AVENUE LAKELAND, FL 33813 US	~~703 BRANTENBURG WAY~~ ~~LUTZ, FL 33548 US~~

04272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		5728 S. FLORIDA AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LAKELAND Fl	
Zip	Country	Zip 33813	Country 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 LAKELAND 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 X [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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	LANCI, THOMAS J	
STREET ADDRESS	~~703 BRANTENBURG WAY~~	→
CITY-ST-ZIP	~~LUTZ, FL 33548~~	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS	5728 SOUTH FLORIDA AVENUE	
CITY-ST-ZIP	LAKELAND, Fl 33813	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: (X) [signature] 4/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #