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May 14, 2007 8:00 am
Secretary of State
04-12-2007 90179 016 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000022573

1. Entity Name
TATUM'S SCHOOL UNIFORMS, LLC

30007768

Principal Place of Business	Mailing Address
5318 NORMANDY BLVD. JACKSONVILLE, FL 32205	5318 NORMANDY BLVD. JACKSONVILLE, FL 32205

01162007 Chg-LLC CR2E093 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5318 Normandy Blvd.	P.O. BOX 37559
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Jacksonville, Fl	City & State: Jacksonville, FL
Zip: 32205 Country: USA	Zip: 32236 Country: USA

4. FEI Number: 83-0441860 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, ROSS T
1558 SAN MARCO BLVD.
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name: Timothy J. Tatum
Street Address (P.O. Box Number Is Not Acceptable): 5318 Normandy Blvd.
City: Jacksonville FL Zip Code: 32222

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] DATE: 4-3-07

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Timothy J. Tatum 5318 Normandy Blvd. Jacksonville, FL 32205 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carol Johnson 1639 Morrow Rd. Baldwin, FL 32234 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Timothy J. Tatum 4-3-07 904-781-3995

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